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LEADERSHIP WITHIN OCCUPATIONAL THERAPY: A MIXED METHODS STUDY

by

Scott Truskowski

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Occupational Therapy

Department of Occupational Therapy

College of Health Care Sciences

Nova Southeastern University

Fort Lauderdale, Florida 33328

August, 2017

**NOVA SOUTHEASTERN UNIVERSITY
HEALTH PROFESSIONS DIVISION
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Abstract

PURPOSE: This sequential embedded mixed methods study first identified the ways in which occupational therapy leaders experience leadership, then explored the ways in which those same leaders utilized their professional training as occupational therapists within their practice of leadership.

METHODS: The twelve participants held formal leadership positions in either academia, clinical practice, or professional associations. The ecology of human performance model of practice was utilized to frame the research study. Data was collected through an initial interview with all 12 participants and through leadership artifacts and a second interview with six participants.

RESULTS: Three themes resulted from thematic analysis of initial interview: leadership journey, leadership deconstructed, and personal approach to leadership. The leadership artifacts were analyzed using a coding frame, which included four dimensions: occupational perspective of leadership, connections, leadership approach, and team mindset. Thematic analysis of the second round of interviews resulted in three themes: how they do leadership, leadership interaction, and reflection on leadership action.

CONCLUSIONS: The participants described the construct of leader as a role consisting of contextually discrete leadership occupations. A number of parallels were identified between the practice of occupational therapy and the practice of leadership. The development of a personal leadership identity was found to occur over time and required some form of either internal or external recognition of leadership ability or outcome. The structure of this mixed methods design included a combination of two qualitative methods, which was novel to the occupational therapy literature.

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Chapter One: Introduction

Rationale for the Study

American Occupational Therapy Association (AOTA) leaders have espoused the value and effect of leadership on the future of occupational therapy. Gilfoyle (1987) began this conversation by stating that leadership not only sparks change, but also helps avoid the professional trance of reluctance and becoming mired in the status quo. Leadership can be a crucial element in evoking positive change and effectively promoting the profession of occupational therapy. Moreover, transformative leadership, which serves to build capacity in others in order to build the profession, has been embraced as one means of evoking needed change (Burns, 1978; Gilfoyle, 1987). Gilfoyle (1989) built upon this by comparing the values and philosophies inherent to occupational therapy with those of transformative leadership and also the occupational therapy process.

Leadership throughout this study was defined as the active process of inspiring and developing people to achieve individual and organizational aims. Effective leaders think through issues, define goals, and establish clear action plans like occupational therapists. Furthermore, leaders who care about their followers and foster increased competence through building awareness and skill in their followers are more likely to affect professional change (Gilfoyle, 1989). Occupational therapy relies upon the blending of art and science, or caring combined with skill, to elicit change in clients (Gilfoyle, 1989; Grady, 1990); as an extension, occupational therapy leadership entails an intermingling of caring and skill to elicit positive change in followers. The concept of followership has historically been aligned with passivity and inferiority; more current understandings describe followership less as a deficient characteristic and as a critical component of leadership performance. Lapierre & Carsten defined followership

as the set of behaviors “one engages in while interacting with leadership in an effort to meet organizational objectives” (2014, p. 15).

Grady (1990) added to the occupational therapy leadership conversation by stating that leadership is a part of every occupational therapist’s practice and is connected across professional practice areas. Effective leadership stems from individual leaders, and the profession, being committed to the core concepts of occupational therapy (Grady, 1990). This commitment is born from congruence between a leader’s actions and professed beliefs (Gilfoyle, 1989). Leaders who infuse the practice of leadership with the tenets of their professional training can be thought to lead from a place of integrity (Gilfoyle, 1989).

Almost 25 years later, many of Grady and Gilfoyle’s sentiments were echoed when Stoffel proclaimed that each practitioner view themselves as a leader (Stoffel, 2013). By connecting the aim of leadership with achieving each of the principles included in the Centennial Vision, Stoffel’s Presidential Address (2013) promoted a blend of servant leadership, which focuses on teamwork, community, and caring, heartfelt leadership, which views leadership as a journey to awareness of self, others, and organizations, and mindful leadership, which engages and promotes the abilities and capacities of others (Greenleaf, 1977; Stoffel, 2013).

A recent text has begun the process of aligning leadership with occupational therapy training as Dunbar and colleagues (2015) illustrated the parallels between leadership approaches and occupational therapy theory. This approach exemplifies the transactive relationship between a leader, his/her follower(s), the leadership decisions and actions that are made, and the local context- a transactive relationship that parallels and is supported in both leadership and occupational therapy literature (Dunn, Brown, & McGuigan, 1994; Law et al, 1996; Porter-O’Grady & Mulloch, 2007).

Leadership has been the focus of a multitude of articles within the occupational therapy literature for the past 30 years with much of the work focusing on case studies of leadership (Dillon, 2001), calls to action to address leadership needs (Gilfoyle, 1987; Gilfoyle, 1989; Grady, 1990; Grady 1991; Stoffel, 2013), and analysis of leadership practices (Dudek-Shriber, 1997; Fleming-Castaldy & Patro, 2012; Snodgrass, Douthitt, Ellis, Wade, & Plemons, 2008; Snodgrass & Shachar, 2008). Despite these calls to action, commonly referenced managerial texts within occupational therapy literature have devoted single chapters to the construct of leadership. The existing works continually address leadership as a stand-alone construct as opposed to mirroring aspects of occupational therapy training such as the occupational therapy process (AOTA, 2014). To this point, there has not been a formal exploration of how occupational therapy leaders experience leadership, ways the constructs of leadership and occupational therapy training intersect, or how occupational therapy leaders make leadership decisions and actions.

The current study served as an initial step in the empirical study of leadership within the profession of occupational therapy. Participants were asked to reflect on their journey to and understanding of leadership, element of occupational therapy leadership literature that has not been explored. Through analysis of interview transcriptions and leadership artifacts, the researcher sought to determine whether the transactions established between occupational therapy and leadership were explicit for occupational therapy leaders. This was further elucidated by having participants narratively connect their professional training with their level of preparedness to serve as a leader, examples included leaders who utilized the occupational therapy process within their leadership practice and the intentional establishment of a therapeutic relationship between leader and followers. The significance of these areas of inquiry is that occupational therapy and leadership have been studied as separate constructs, while occupational

therapy leadership has been discussed as an area of need without being described or empirically researched.

Connections Between Leadership and Occupational Therapy

History and Evolution of Occupational Therapy and Leadership

The history of occupational therapy is more of a winding path than a linear progression through time. The profession can trace its roots to the Moral Treatment movement where clients with mental health conditions began to receive diversional and meaningful tasks to replace what are now considered inhumane approaches such as imprisonment and isolation. This task-oriented approach was a hallmark of the Moral Treatment era as early occupational therapists employed crafts and other functional activities as treatment modalities (Christiansen & Haertl, 2014; Cole & Tufano, 2007; Gillen 2014).

The greater medical community began to progress towards a more stringent scientific focus in the early 1940's; occupational therapy lacked the knowledge and language to support their craft and activity focus, so the field gradually shifted towards a more biomechanical approach that addressed improvements in component skills rather than overall action or outcomes (Cole & Tufano, 2007). This era of seeking to fix neuromuscular and intrapsychic issues occupational therapy clients faced became known as the mechanistic paradigm, and remained the prominent focus of the field until the mid-1980's (Cole & Tufano, 2007; Christiansen & Haertl, 2014). Following the publication of the Model of Human Occupation (Kielhofner, 1985; Kielhofner, 2007) and the passage of legislation such as the Americans with Disabilities Act (ADA) and the Individuals with Disabilities Educational Act (IDEA), the field of occupational therapy began a slow evolution towards a contemporary paradigm, which espoused a more holistic approach aimed at connecting clients with meaningful and purposeful pursuits

through engagement in occupations while simultaneously addressing physical, mental, and contextual factors that affect participation (Cole & Tufano, 2007; Christiansen & Haertl, 2014).

Multiple approaches to the practice of occupational therapy occurred within the current holistic era that began in the 1980's. Of these additions, one specifically relates to this dissertation. The first was the development of occupation-based models of practice that conceptualize the interconnectedness, or transactions, of people, what they do, and where they do it. These elements are often referred to as the person, the task (or occupation), and the context (or the environment) (Law et al, 1996; Dunn et al, 1994). These transactive models are relevant because they parallel a similar development in leadership. Contemporary views of leadership hold that effective leadership addresses issues related to people, the tasks that need to be completed, and the setting in which those tasks take place (Northouse, 2007; Porter-O'Grady & Mulloch, 2007).

Similar to the path of occupational therapy, views on leadership have adapted over time to become more inclusive and holistic, including the tasks that need to be completed as well as factors related to the context in which leadership takes place. Early notions of leadership addressed the innate genetic hallmarks of leaders. This era of leadership proliferated until the middle of the twentieth century and included the "great man" and trait theories of leadership, which connected such characteristics as stature, race, and gender as being indicative of leadership capability (Ledlow & Coppola, 2014; Northouse, 2007). These early views conveying leadership as a product of nature through the inheritance of genetic traits served as the precursor to the behavioral leadership phase (Ledlow & Coppola, 2014), which moved towards a recognition of a person's innate abilities as well as the external influences on those same skills and behaviors.

Although the behavioral phase of leadership moved beyond the early innate approach to leadership, the preeminent view of leadership during this time was static, or having a ‘one size fits all’ mindset. The contemporary phase of situational leadership holds that no one way of leading suffices in all situations and that effective leadership is based on multiple factors within an organizational context (Dunbar, 2015; Ledlow & Coppola, 2014). This phase of leadership has moved beyond innate or learned traits and allows for the influence of the organizational context on a leader’s behavior (Northouse, 2007). Thus, current views of leadership mirror the theoretical underpinnings of occupational therapy in that both address transactions among the person, the tasks that need to be completed, and the contexts in which the tasks are to be done.

Parallels Between Occupational Therapy and Leadership Processes

Gilfoyle (1989) stated that the processes underlying occupational therapy practice parallel many processes employed in leadership. Aspects of the occupational therapy process include setting clinical goals, developing an intervention plan, implementing said intervention, and measuring outcomes (AOTA, 2014). The occupational therapy process parallels the basis for effective leadership set forth by Gilfoyle, which includes “thinking through the mission, defining goals, and establishing clear and viable directions” (1989, p. 568). Contemporary views of leadership are rooted in the systems theory notions that wholes (organizations) are comprised of integrated parts (units, teams, and people) whose relationships and efforts are synthesized for the betterment of the organization and the organizational culture (Ledlow & Coppola, 2014; Porter-O’Grady & Mulloch, 2007). The systems view of leadership is echoed in both the occupational therapy process where therapists utilize interpersonal and professional skills to become familiar with meaningful aspects of a client’s life as well as the contextual influences that affect that client’s engagement (AOTA, 2014), and in contemporary occupational therapy models of

practice that are predicated upon systems theory concepts and terms (Dunn et al, 1994; Law et al, 1996). The clinical decisions of an occupational therapist are generally made with progress or change on the part of the client in mind; leadership decisions are grounded in the aim of progress or change that will benefit the unit or entire organization.

Values Shared Between Occupational Therapy and Leadership

Occupational therapy and leadership also share a similar set of values. The ethos of the profession of occupational therapy promotes the blending of art and science in order to affect client outcomes (Gilfoyle, 1987; Peloquin, 1989; Peloquin, 2005). The art of therapy includes establishing and maintaining a therapeutic relationship, which is thought to begin with the therapist sharing his or her authentic self throughout interactions with clients. The science of therapy is the systematic application, across the occupational therapy process, of knowledge that can be rooted in professional training, experience, and published literature on specific practice topics (AOTA, 2014; Peloquin, 2005).

Current views of leadership also champion the intermingling of art and science. Ledlow & Coppola (2014) indicated that the art of leadership includes prioritizing interpersonal relationships and networking, maintaining and growing these relationships through intentional actions, basing decisions upon the perceptions of people, and recognizing that experts in a field are people. Therefore, the art of leadership includes any and all efforts to manage and develop people through open communication and agreed upon target outcomes. The science of leadership is based upon technical skills specific to an organization or position such as budgeting and forecasting change, basing decisions on analysis of multiple factors including current leadership literature, and the development of organizational systems (Ledlow & Coppola, 2014).

Leadership and occupational therapy both espouse the importance of the ‘art’, or the affect interpersonal relationships have on outcomes. The practice of leadership and occupational therapy also require the possession, and use, of specific skills acquired through experience or training as well as the integration of published literature to support clinical and leadership decisions. The main way in which the art and science of leadership differs from occupational therapy is scope; leadership literature is typically general in order to apply to multiple disciplines whereas occupational therapy literature is more specific to how concepts apply to settings and contexts related to the field and its practitioners.

Basis for Decision Making in Occupational Therapy and Leadership

Occupational therapy practitioners in clinical and academic settings base their decisions and actions on a variety of information. One of these aspects is occupational therapy theory, which can range from broad, occupation-based models of practice such as MOHO (Kielhofner, 2007) and the Ecology of Human Performance (Dunn et al, 1994) to more discrete frames of reference that address specific skills such as the Sensory Integration (Bundy & Murray, 2002) and Dynamic Interactional frames (Toglia, 2005). In parallel, leaders in any context are able to rely upon a number of leadership approaches to guide their decision making process. Specific leadership approaches include the transformational approach (Burns, 1978), situational leadership (Hersey, Blanchard, & Johnson, 1996), and the quantum leadership approach (Porter-O’Grady & Mulloch, 2007), each of these and additional leadership approaches will be expanded upon in the literature review of this dissertation.

A second element of therapist decision-making involves the application of evidence from peer-reviewed sources to support and validate the clinician’s rationale through the stages of the occupational therapy process (Law & MacDermid, 2014). In a classroom environment, the

evidence on which occupational therapy educators base their teaching practice may include a mix of literature from occupational therapy for clinical knowledge and skill with educational literature related to best practices in teaching and learning. This aspect of decision-making carries over into leadership situations as leaders are able, and encouraged, to base decision on relevant evidence (Eyler & Kapusta, 2011). Therefore, for both clinicians and leaders, evidence-based decision making is a prominent aspect of the ‘science’ of practice.

A third feature of therapists’ decision making is experience; therapists often employ clinical knowledge from previous cases when determining what courses of action to take during the therapy process (Dunn & Foreman, 2014). For example, occupational therapy educators incorporate experiences from clinical practice and previous iterations of facilitating course content as guides to actions and discussions. Similar to decision making in occupational therapy, leaders in any field are able to draw upon their previous experiences as a factor in decision-making. Gibson et al (2000) found that more novice therapists utilized a more rigid decision making processes while experienced therapists used judgment to continually prioritize approaches with the ability to consider additional information about client cases more readily. Occupational therapy leaders who employ theory and evidence in their leadership decision-making demonstrate consistency between professional training, experience, and the formal leadership position. These explicit connections establish ‘leadership integrity’ by aligning their professional identity as an occupational therapist with their formal leadership position (Ikiugu, 2008).

Statement of the Problem

Leadership has been the focus of multiple articles and speeches within occupational therapy since the field’s inception, especially over the past 30 years. However, the majority of

these works discuss leadership and the practice of occupational therapy as consisting of a separate skill sets; little empirical research has been conducted related to the construct of leadership within occupational therapy practice. Literature also describes both the provision of occupational therapy services and the process of leadership as having shared processes and values (Ledlow & Coppola, 2014; Northouse, 2007). To date, there have been no studies that have sought to explore how leadership and occupational therapy are connected.

Purpose of the Study

The primary purpose of this hermeneutic phenomenological study was to identify the ways in which occupational therapy leaders experience leadership. The secondary purpose was to explore the ways in which these same leaders utilize their professional training as occupational therapists within their practice of leadership.

Significance

Leadership has been described as a process of influencing people to achieve common goals (Burke & DePoy, 1991; Northouse, 2007; Stoffel, 2013). Leadership as a process elicits motivation for people to perform duties and tasks at their highest level for the mutual good of the person, the leader, and a larger group (Snodgrass & Shachar, 2008). Leadership has been described as a significant element of every occupational therapist's practice whether they hold leadership positions or not (Grady, 1990, Stoffel, 2013). Formal leadership is frequently bestowed upon clinicians who have demonstrated a level of mastery as practitioners, and who would be described as functioning as either 'proficient' or 'expert' clinicians (Benner, 1984; Dreyfus & Dreyfus, 1980). This level of mastery, or clinical expertise, becomes a part of what Northouse (2007) referred to as the social interaction of leadership in which leadership status is bestowed in exchange for bringing experience and expertise to the group.

Today's healthcare environment is functioning in what has been described as an era of hyperchange, where consistent unpredictable change is a constant (Hinojosa, 2007). In this rapidly changing healthcare arena, a principal role of a leader is to facilitate rather than respond to change at the individual, unit, or organizational level by focusing on the dynamic interactions of people, activities, and units within an organization (Hanson & Ford, 2011). Because leadership is necessary to bring about change by translating ideas into reality, leadership capacity and capability are essential components to enable occupational therapy to emerge as a leader in the reshaping of the provision of healthcare services (Davidson, 2012; Gilfoyle, 1987; Lamb & Stoffel, 2014).

Although the subject of leadership within occupational therapy has been discussed for the past thirty years (Baum, 2006; Gilfoyle, 1987; Gilfoyle, 1989; Grady, 1990; Stoffel, 2013), empirical research devoted to exploring the topic has been sparse (Snodgrass & Shachar, 2008). As the profession of occupational therapy moves into its second century of existence and expectations for leaders within occupational therapy grow, it is imperative to begin to more formally study leadership. Having a clear understanding of how leaders experience leadership, the ways occupational therapy professional training parallels leadership, and outcomes of leadership approaches will allow occupational therapy leaders to respond to leadership situations in a manner that demonstrates integrity with their professional beliefs and training. Utilizing knowledge and skills from professional training within the practice of leadership is one means of demonstrating authenticity, a component of authentic leadership (George, 2003).

Research Questions

How do occupational therapists in formal leadership positions understand and experience leadership? How do occupational therapy leaders implicitly versus explicitly utilize their

professional training as occupational therapists in their practice of leadership? In what ways do leadership artifacts explain the leadership experiences of formal occupational therapy leaders?

Definition of Terms

Leadership

Leadership has been described as an intentional process (Gilfoyle, 1987; Lapointe, Baptiste, vonZweck, & Craik, 2013; Stoffel, 2013), doing the right thing (Gilfoyle, 1987), and an individual's influence over others (Burke & DePoy, 1991; Northouse, 2007). The aim of effective leadership is to inspire and develop individuals to achieve both individual and organizational aims (Northouse, 2007). This study defined leadership as the active process of influencing others in order to achieve common goals.

Leader

Literature on leadership includes people who hold formal leadership positions as well as those who serve as informal leaders. Examples of formal leaders in occupational therapy include department supervisors, rehabilitation managers, or program directors. Informal leadership positions are not as easy to name, but can involve an experienced clinician mentoring a more novice therapist. For this study, leader referred to an occupational therapist that held a formal leadership position within an organization.

Follower

Peterson (2013) has stated that one of the keys to being a great leader is fostering a high degree of followership. Key elements of followership involve a leader fostering trust while projecting stability, compassion, and hope. For this study, a follower a) included anyone who worked for or reported to an occupational therapist in a formal leadership role such as employees, direct reports, subordinates, or students and b) was defined as a co-producer of leadership due to the

manner with which they mutually influence and engage in behaviors and tasks that affect a leader's decision making (Lapierre & Carsten, 2014). Followers were not directly interviewed or contacted during this study.

Occupation

Occupation was defined through this study as all things people want, need, or have to do in order to do, be, belong, and become the people they strive to be (WFOT, 2012). These goal-directed pursuits span time, provide meaning, purpose, and a sense of identity, and can include a variety of component tasks (AOTA, 2014).

Occupational Perspective of Leadership

For this study, an occupational perspective of leadership entailed the combination of occupational therapy theory, leadership theory, and the ethos, values, and ethics of occupational therapy within leadership contexts. This combination of influences may occur explicitly or have tacit elements that are not initially brought to the forefront of leadership practice. The occupational perspective of leadership definition put forth builds upon the work of Dunbar & Winston (2015), whose text connected occupational therapy theory with leadership approaches, and Nastasi (2015) who combined concepts from occupational science, occupational therapy theory, and situational leadership.

Summary

Leadership can be thought of as an active process that contributes to change and the achievement of individual and organizational aims (LaPointe et al, 2013). Occupational therapy leaders have expounded on the virtues and potential that leadership holds for the profession of occupational therapy (Gilfoyle, 1987; Gilfoyle, 1989; Grady, 1990; Moyers, 2007; Stoffel, 2013). The constructs of leadership and occupational therapy share a sense of historical

development (Christiansen & Haertl, 2013; Northouse, 2007), process (Gilfoyle, 1989), values (Peloquin, 1989; 2005; Ledlow & Coppola, 2014), and process for making decisions (Mattingly & Fleming, 1994). This study sought to identify the ways in which occupational therapy leaders experience leadership while also exploring the ways in which these same leaders explicitly and implicitly consider leadership in relation to their role as occupational therapists.

Chapter Two: Literature Review

This literature review begins with a description of the theoretical framework guiding this study. Second, literature from the fields of occupational therapy and occupational science are synthesized in order to present the construct of leadership as consisting of discrete occupations. Next, the topic of leadership is explored, including a historical review of leadership, leadership research from allied health fields, and leadership research within occupational therapy. The review concludes with an examination of the literature related to clinical reasoning, including the origins of the concept from the field of medicine, integration of clinical reasoning by allied health professions, and clinical reasoning within occupational therapy.

Theoretical Framework Guiding this Study

The Ecology of Human Performance (EHP) model (Dunn, Brown, & McGuigan, 1994) will serve as the theoretical framework for this study. The premise of EHP is that the interaction between person and environment affects human behavior and performance; a person's engagement and performance cannot be understood without considering contextual influences (Dunn et al, 1994). The EHP model was initially developed by Dunn et al (1994) as a part of a curriculum redesign within the University of Kansas Department of Occupational Therapy that would allow all course content, faculty and student scholarly activities, and service opportunities to be organized with similar terminology, thus tipping it toward an application in organizational leadership. The model traces its influences from the social sciences including the transactional relationship between person and environment put forth by Bruner (1989), Lawton's (1982) notion of the potential effect that environment has on competence and performance, Bronfenbrenner's (1979) ecological system for human development. Earlier occupational therapy works also affected the development of EHP including Howe and Briggs ecological

systems model (1982), Reilly's work on the application of general systems theory to occupational therapy (1962), and the increased importance given to the environment (Mosey, 1992; Schkade & Schulz, 1992).

The main concepts of EHP are the person, tasks, and context. These terms were intentionally embedded in the model to allow the EHP to be utilized in multiple settings with an interdisciplinary focus. The interdisciplinary nature of the EHP makes it an appropriate model from which to study of leadership due to leadership being a part of virtually every profession.

From the EHP perspective, the person is comprised of all of one's sensorimotor, cognitive, psychosocial skills and abilities, as well as life experiences (Dunn et al, 1994). When applied to leadership, the elements of the person could be instances when the leader assesses the skills, abilities, and characteristics of a follower. The person and context are considered inseparable; the only way to garner a complete view of a person and his/her abilities is through the lens of the context. Contextual factors that can influence a person's skills, abilities, and performance include physical, temporal, social, and cultural features. Contextual factors that affect leadership decision-making can include specific deadlines, the physical space allotted to a task, or whether a particular situation requires an individual or team approach. Rather than utilizing the term occupation, Dunn and her colleagues (1994) opted to utilize the term tasks to denote specific sets of behaviors that are necessary to accomplish a particular goal. Leadership related to task factors can include addressing behaviors or outcomes that will be required to complete a particular task or to resolve a leadership situation.

Based upon the intertwining of the person and context, EHP provides for two explanations for limitations in performance. A person may attempt tasks within a context that supports performance, but the person may have a limited set of skills and abilities and therefore

not be capable of performing all tasks necessary to accomplish a goal. A leadership example might be determining when a recently hired therapist should complete their first evaluation of a client during orientation; the context may include the knowledge and tools necessary to complete the clinical evaluation but a lack of skill and experience with the electronic documentation system may lead to unnecessary frustration for the new therapist. The other possibility involves an intact set of skills and abilities with performance taking place in a restraining context. For example, in a subacute rehabilitation unit that is being remodeled the therapy staff may have clients who require assessment of cooking safety and skills, but if the kitchen is being used as temporary storage during the remodel project the context does not afford clients the opportunity to demonstrate those skills.

The dynamics of the EHP can also apply to the practice of leadership. For example, leaders who consistently employ the EHP approach and concepts in their practice of leadership would allow for simultaneous consideration of the needs of their followers, the tasks that need to be done to resolve the situation, and the context in which those tasks will be completed, which parallels the focus of contemporary leadership literature (Dunn et al, 1994; Porter-O'Grady & Mulloch, 2007). Throughout the occupational therapy process (AOTA, 2014), clinicians can focus on elements of a person, the tasks that he or she takes part in, or the context in which the tasks are done throughout their evaluations and interventions. Gilfoyle (1989) foreshadowed current leadership literature by suggesting that effective leadership involves identifying mutual goals, developing plans of action, and assessing the outcomes of those actions. Thus, effective leadership can be thought to address people, the tasks that need to be completed, or the context in which the tasks are done through implementing a sequential process of decision making and action (Dunn et al, 1994; Hanson & Ford, 2011).

The intent of this research study is twofold: to identify the ways in which formal occupational therapy leaders experience leadership, and for occupational therapy leaders to describe the ways in which they explicitly or implicitly consider leadership in relation to their role as occupational therapists. The EHP will be utilized to provide a structure from which to view the factors and conditions that cause occupational therapy leaders to make decisions, behave, and act in leadership situations. Included factors may encompass elements of a person, a task, or the context or the transactional relationship between two or more of these constructs.

Occupational Therapists' Clinical Decision Making

Multiple influences affect the decisions and subsequent actions of occupational therapists throughout the occupational therapy process. Three primary elements of occupational therapy clinical decision making include the systematic implementation of the occupational therapy process, clinical reasoning, and experience (Law & MacDermid, 2014). These aspects permeate all practice settings and are employed to varying degrees by therapists of differing levels of clinical experience.

Occupational Therapy Practice Framework: Domain and Process

The primary document that supports and provides structure to the provision of occupational therapy services is the Occupational Therapy Practice Framework: Domain and Process- 3rd edition (OTPF-III) (AOTA, 2014). The initial iterations of this document were developed in response to a federal mandate to develop a more uniform reporting system; early versions primarily focused on defining occupational performance areas and components that were addressed throughout the provision of services (AOTA, 1979; AOTA, 1989; AOTA, 1994). In essence, these initial iterations reflected changes in current practice through a listing of consistent terminology used by the profession (AOTA, 2014).

While these documents met the federal guidelines, they essentially served as a professional dictionary and did not provide a full description of the occupational therapy scope of practice. Thus, the American Occupational Therapy Association's Commission on Practice more completely captured the complexity of contemporary occupational therapy practice in the original OTPF (AOTA, 2002), and has revised the contents twice (AOTA, 2008; AOTA, 2014) for usefulness and to effectively respond to both internal and external influences to the profession. The OTPF-III holds the value of occupation at its core and espouses a vision of occupational therapy practice as being occupation based, client centered, evidence based, and inclusive of contextual influences through both the domain of practice and the occupational therapy process (AOTA, 2014). Although the aim of the OTPF-III is to provide structure to clinical practice, the remainder of this section will introduce the elements of the domain and process and relate each to the construct of leadership.

Domain. The domain aspect of the OTPF-III contains five interrelated aspects, including occupations, client factors, performance skills, performance patterns, and contextual and environmental influences. Within the OTPF-III, occupation refers to daily life activities in which people choose to engage. These occupations take place in specific contexts, occur over time, provide a sense of purpose and meaning for the person, and can involve multiple activities required to fulfill the obligations of the occupation (AOTA, 2014). A later section of this literature review will more conclusively address the discussion of leadership as a role or an occupation. Client factors are specific capabilities, attributes, or beliefs that are innate to a person. The focus on client factors in clinical practice is often on specific body functions and structures that limit occupational performance; related to leadership the emphasis shifts more towards the values and beliefs of the leader and his or her followers.

Performance skills are the observable units of behavior within occupations and include functions related to motor, processing, and social interaction skills (AOTA, 2014). Motor skills include the amount and quality of movement available as well the ability to balance mobility and stability to carry out required tasks. Process skills are more cognitive in nature and address the ways in which a person interacts with environmental demands in order to carry out a specific action. Social interaction skills involve social exchange between one person and at least one other person; these include both verbal and nonverbal communication skills (AOTA, 2014). Performance skills are intricately involved in leadership, both in terms of the leader assessing his or her own performance skills but also assessing those of followers in order to position people and the organization for success.

Performance patterns develop over time and are influenced by the four other aspects of the domain including the habits, roles, and routines that support or hinder the occupational performance of individuals or groups. Habits include automatic behaviors that can help to organize behavior throughout engagement in occupations (Boyt-Schell, Gillen, & Scaffa, 2014; Cutchin et al, 2008). Roles relate to specific sets of behavior that are expected by the person or by society and can serve as a means to identify activities that encompass certain occupations (AOTA, 2014; Dunn, 1994). Routines are set sequences of activities that structure the manner in which people engage in occupations (AOTA, 2014). Occupational therapy clinicians consider their clients' performance patterns in order to gain an understanding of the frequency and manner in which they utilize their performance skills to engage in occupations. Occupational therapy leaders may consider the performance patterns of their followers, such as establishing efficiencies, identifying positive changes for the organization, or enhancing the performance of their followers.

The final aspect of the OTPF-III domain is the context or environment in which occupational engagement takes place. The physical environment can refer to natural and man-made surroundings that support or present barriers to occupational performance. The social environment includes relationships, shared expectations, and normal procedures and structures that influence performance. Cultural context refers to the customs, beliefs, behavioral expectations, and performance standards of a society or organization. Personal contextual influences occur at an individual level and involve demographic characteristics of an individual. Temporal context relates to the innate and external elements of time including stage of life, time of day or year, history or experience, and the overall amount of time needed to complete and occupation. Virtual context refers to interactions that take place in real time or simulated situations (AOTA, 2014).

Although the domain aspect of the OTPF-III was developed with regard to therapy clients, each aspect of the domain can be related to leadership. Leaders must be capable of assessing the performance patterns of their followers as well as the organizational context in order to foster individual and institutional success by matching workers to work tasks (AOTA, 2014). Therapy practitioners assess these skills and patterns with regard to client occupations; leaders can assess the habits and routines of followers in order to enhance workplace efficiency, and can assess the process skills and abilities of followers to identify ways to position the followers to use their skills for the benefit of the organization and the professional growth of the follower. Leaders can incorporate an interactive approach with their followers to develop and refine effective workplace habits and routines. Leaders who address the multiple contextual factors operate from a perspective that transcends addressing issues at the person level. Having the ability to simultaneously consider factors related to the person (follower characteristics and

behaviors), tasks that need to be completed (habits and routines), and contextual influences on performance aligns with the professional training of occupational therapists and contemporary leadership literature (Hanson & Ford, 2011; Porter-O'Grady & Mulloch, 2007).

Process. Within the OTPF-III the domain describes the scope of occupational therapy practice while the process addresses the use of occupations through each stage of practice. The process includes the discrete stages of evaluation, intervention, and targeting outcomes. This mirrors Grady's (1990) description of the process of leadership that involves thinking through a task, setting goals, and developing clear and relevant interventions. Practitioners facilitate transactions among the person, his or her selected occupations, and the various contexts in which the occupations are performed (AOTA, 2014) in much the same way that evidence-based leaders do (Northouse, 2007).

In clinical practice the evaluation stage of the process consists of the development of an occupational profile and a subsequent analysis of occupational performance. In leadership situations, the occupational profile would be initially elicited at the time the leader accepts a formal leadership position and would be maintained throughout employment through ongoing interactions with followers. Assessment of performance from a leadership perspective could entail measuring performance of individuals or entire units against a stated norm or comparing organizational outcomes against competitors.

The intervention stage of the occupational therapy process is comprised of the planning, implementation, and review of service provision. In leadership situations, planning often includes garnering agreement on a course of action among followers and incorporates a long-range focus on goals and outcomes. Intervention in a leadership position can take the form of delegation of tasks, education or training of followers, or collaboration beyond the unit or

organization to achieve targeted outcomes. Assessment of intervention is mirrored in leadership through assessing progress towards a strategic plan, assessing student or cohort progress through an academic program, or reviewing feedback from external sources such as accrediting bodies or third party payers to identify modifications to current processes (AOTA, 2014).

The third stage of the occupational therapy process is termed targeting of outcomes. Outcomes can be measured using either subjective criteria or valid and reliable outcome measures. Clinically, outcomes can range from subjective qualities of increased confidence or perceived well-being to more objective measures such as decreased time needed to complete occupations or increased independence during social or community occupations. From a leadership perspective, targeting outcomes may mean measuring a client's length of stay against the average for an organization or attaining a predetermined rate of productivity over time. Focal outcomes as they apply to occupational therapy could include rates of therapy student success on the certification exam, or determining a department wide perception of a new policy related to timeline to complete client evaluations (AOTA, 2014).

Leadership

Leaders and leadership within healthcare organizations are essential to allow organizations to achieve their goals; therefore, formal leadership positions can be thought of as the most important jobs/positions across the healthcare spectrum (Ledlow & Coppola, 2014). Leadership will be defined as the active process of influencing others in order to achieve common goals. This portion of the literature review will address the construct of leadership itself, leadership approaches and their application within occupational therapy, and leadership within the occupational therapy literature.

Leadership Approaches

Conceptually, leadership can mean different things to different people. When considering an occupational perspective of leadership, current literature suggests consideration of the leader as a person, the organizational and task aims that require a leader to achieve them, and the context in which leadership takes place (Dunn et al, 1994; Porter-O'Grady & Mulloch, 2007). The viewpoints of leadership in literature have addressed each of these elements in varying ways since the early 1900's (Ledlow & Coppola, 2014).

Trait approach. Early scholarship in the field of leadership sought to identify and study the traits that were thought to make particular people great leaders and was thus termed 'great man' theories (Ledlow & Coppola, 2014; Northouse, 1997). This approach focused solely on the 'person' elements of leadership and was prominently featured within leadership literature until the mid 20th century. This approach placed a large amount of weight on particular variables such as gender, race, height, and specific skills.

The roots of this approach can be traced as far back as ancient Greece and the teachings that influenced Alexander the Great. Tenets of leadership in this period included demonstrating courage and the role modeling of leadership through skills such as superior horsemanship (perseus.tufts.edu, n.d.). More modern studies identified characteristics that were thought to distinguish leaders from followers. Such characteristics included intelligence, alertness, insight, responsibility, initiative, persistence, self-confidence, sociability, experience, and extraversion (Ledlow & Coppola, 2014; Northouse, 1997).

The trait approach was later questioned regarding the universality of the links between particular traits and leadership. Stogdill (1948) compiled a list of traits and skills thought to position a leader as successful, including adaptability, assertiveness, a cooperative spirit,

decisiveness, dependability, high level of energy, persistence, self-confidence, able to manage stress and responsibility. This same work posited that no single set of traits distinguished leaders from nonleaders in all circumstances.

Northouse reviewed numerous trait studies (Figure 5) and identified five traits that were common across the trait approach studies. The identified traits are intelligence, self-confidence, determination, integrity, and sociability. Leaders are thought to portray intelligence by demonstrating verbal, perceptual, and reasoning abilities that enable problem-solving and prudent social judgment (Northouse, 1997; Northouse, 2013). Self-confidence is evident when leaders are certain about their own competencies and skills and are able to represent self-assuredness and positive self-esteem (Northouse, 2007; Northouse, 2013). Northouse (2007; 2013) has described determination as possessing a desire to get a job done evidenced by initiative, persistence, drive, and a proactive mindset. Leaders who are honest, trustworthy, loyal, dependable, and take responsibility are thought to embody integrity (Northouse, 1997; 2013). Sociability is the inclination to seek out positive social relationships and includes an outgoing nature, courtesy, tact, and sensitivity to the needs of others (Northouse, 2016).

A parallel can be drawn between the focus of the trait style of leadership and the biomechanical era of occupational therapy that followed World War II, which prioritized a focus on component skills of clients (Christiansen & Haertl, 2014). The lasting critique of the trait approach to leadership is that it is limited to innate characteristics of a person without regard for learning or influence from the surrounding context. Despite the trait theory no longer being the primary focus of leadership inquiry, the trait theory contains aspects relevant for inclusion in leadership studies. The trait approach based solely on the person elements of leadership was

carried into the behavioral phase of leadership where it was coupled with more observable actions and behaviors of leaders.

Style approach. The actual observable behaviors of a leader tell more about leadership and the ability to lead than appearance or other innate traits (Ledlow & Coppola, 2014). This shift in leadership approaches occurred as Bandura's social learning theory was gaining prominence. Bandura's theory postulated that human behavior, including leadership, is learned through observation and modeling (Bandura, 1977). The style approach to leadership thus combined factors related to the person and the tasks involved in achieving goals (McLeod, 2011). Combining these factors provided a broader view of the elements of leadership and also allows for leaders to grow into their role based upon experience and learning rather than be born into them.

Evolution of the managerial grid. To elucidate this concept, a model of managerial behavior was developed in the 1960s to ascribe leadership styles to how specific leaders address two factors: concern for productivity and concern for people (Blake & Mouton, 1985; Hersey, Blanchard, & Johnson, 1996; Northouse, 1997). Concern for production involves attention to policy and procedure, innovation, workload, and any other element that aids an organization in achieving its goals. The concern for people includes a focus on promoting positive working conditions, building organizational commitment and trust, and fostering social relationships (Northouse, 1997).

Blake & Mouton (1985) joined these concerns into a visual representation of intersecting axes and termed it the Managerial Grid, which has since been updated and is currently termed the Leadership Grid (Blake & McCanse, 1991). Within the Leadership Grid, the horizontal axis refers to the level of concern for production or results while the vertical axis refers to the level of

concern for people. Each axis is represented as a 9-point scale with a score of one indicating minimal concern and nine signifying maximum concern.

Within the Leadership Grid, five distinct styles emerge based upon how each concern is rated. Impoverished management represents the type of leader who holds a low level of concern for either the people or the tasks to be completed. These leaders are thought to go through the motions of being a leader without active engagement in the process of leadership; this form of leadership has also been referred to as 'laissez-faire leadership' (Braveman, 2006). Country-club management signifies a higher concern for interpersonal relationships than for task fulfillment. This form of leadership aims to create a positive work context with little to no controversy. Authority-compliance management is more authoritative and emphasizes task completion, achievement, and policy over social interaction and relationships. Authoritative leaders are controlling and demanding and tend to view people as tools to accomplish organizational goals. These management styles hold the concerns for people and task completion in an imbalanced manner. Impoverished leaders seem to hold nothing as important, while country club and authority-compliance managers view one concern as more of a priority over the other (Dunbar, 2015; Northouse, 1997).

Within the Leadership Grid, two additional forms of management exist which, at the surface, have a more aligned view of the people and task concerns. Middle of the road managers are viewed as compromisers with a moderate level of simultaneous concern for tasks and people. While this form of management has a more equivalent emphasis of the two concerns, these leaders are thought to avoid conflict by seeking the middle ground and may avoid conflict in the interest of progress. The final form of leadership represented in the Leadership Grid is termed team management and places a strong emphasis on both tasks and interpersonal relationships.

These managers are thought to emphasize active engagement on the part of their followers, have a clear set of priorities, demonstrate an open-minded approach to situations, and work to concurrently achieve a positive work environment while meeting organizational goals (Dunbar, 2015; Northouse, 1997).

Multiple critiques of the Leadership Grid preclude this approach from holding prominence today. First, although this approach is addressed in leadership curricula there is a lack of research validating its efficacy (Ledlow & Coppola, 2014); thus preventing it from meeting the evidence-based portion of the ‘science’ of leadership. Second, although this approach includes a focus on the leader and his/her actions, the Leadership Grid does not address contextual influences on the performance or attitudes of followers. A third critique of the Leadership Grid is its failure to address changes over time; the forms of leadership are presented as disparate concepts with no mention of how leaders may change their style based upon different situations or contexts.

Theory X and Theory Y. A second theory emerged during the time period of the style approach to leadership, McGregor’s concept of Theory X and Theory Y. McGregor posited that leadership behavior is influenced by two dichotomous sets of assumptions related to their followers. Theory X leaders held pessimistic views that their followers were lazy, indifferent, and uncooperative and thus enacted authoritarian leadership styles. In stark contrast, Theory Y leaders viewed their followers as bright, energetic, and self-motivated and thus have a broader array of leadership styles, including authoritarian, to enact.

Critiques of Theory X and Y limit its contemporary utility. The connection between leadership attitude and behavior, the leadership style used, can be thought of as a self-fulfilling prophecy. Thus, the dichotomy between Theory X and Theory Y is inherently a weakness of this

approach as the attitudes and related behavior are viewed as fixed (Hersey, Blanchard, & Johnson, 1996; McGregor, 1960; Northouse, 1997). Similar to the Leadership Grid, Theory X and Y lacks a focus on contextual factors that influence leadership and performance and on potential changes in leadership beliefs about followers over time.

Situational approach. Despite the efforts of Blake & Mouton (1985), Blake & McCauley (1991), and McGregor (1960) to prove the existence of one ‘best’ style of leadership, several decades of leadership research supports the notion that there is no single best style. Starting in the late 1960s, a new conceptualization of leadership held that leaders must adapt their style and approach to unique contextual requirements in order to be successful and effective (Dunbar, 2015; Hersey et al, 1996; Ledlow & Coppola, 2014; Northouse, 1997). The addition of contextual factors to the combination of person and task factors that structured the style approach to leadership provides a much more adaptable approach to leadership and leadership development than either of the pre-existing approaches to leadership.

The basis for situational leadership is the requisite ability for a leader to match his or her particular style to the level of skill and motivation of the followers, the intended outcomes of the tasks that need to be completed, and to the contextual factors that affect behavior such as deadlines, needs of various stakeholders, and the underlying organizational culture (Hersey et al, 1996; Northouse, 1997). The situational approach is thought to be applicable to leadership in the field of healthcare due to the dynamic changes that occur routinely and the complex nature of interactions among clients, care providers, and healthcare organizations (Ledlow & Coppola, 2014). The following sections will provide detailed descriptions and critiques of some situational approaches to leadership.

Transformational leadership model. Transformational leadership is a broad approach that describes leadership at the individual and organizational level (Bass, 1985; Northouse, 1997). Leaders and followers are inextricably related and influence each other, more through an ongoing relationship than through a perceived imbalance of power (Bowyer, 2015; Burns, 1978). Transformative leaders are able to articulate a clear vision that holds the goals of the organization or group in more prominence than individual goals. Followers are connected to transformational leaders through an ongoing sense of trust, loyalty, and respect (Bass, 1985). Transformational leaders then create a supportive context which positions followers to high levels of performance and achievement, which mutually benefits the individual follower as well as the organization as a whole (Bass, 1985; Burns, 1978; Ledlow & Coppola, 2014).

Transformational leadership does not provide a specific set of prescribed leadership actions; instead, it offers a general way of thinking about leadership (Northouse, 1997). This manner of thinking takes the form of four constructs, which can be applied by a leader based upon his or her local context (Bass, 1985; Bass & Avolio, 1994; Bowyer, 2015; Burns, 1978; Ledlow & Coppola, 2014). These four constructs are idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass, 1985; Northouse, 1997).

Idealized influence. When leaders utilize this factor, they simultaneously promote the follower's belief in his or her ability and a sense of identification with the leader (Bass, 1985; Bowyer, 2015; Burns, 1978). Leading takes place by example and consistently demonstrates a high level of moral and ethical standards (Bass, 1985; Bass & Avolio, 1994), which leads to respect and a willingness to both follow and trust the leader (Northouse, 1997).

Inspirational motivation. Leaders are thought to utilize inspirational motivation whenever they communicate a clear vision, through words or symbols, which connects followers with the overall organizational goals (Bass, 1985; Northouse, 1997). The aim of employing this factor is to position followers to achieve at a higher level than they would if left to their own self-interest and motivation (Bass, 1985; Burns, 1978). This element of transformational leadership aligns closely with the overall situational approach to leadership based on the influence each unique context will have on the aims and motivations for followers.

Intellectual stimulation. When incorporating the factor of intellectual stimulation, leaders solicit feedback and ideas from followers in order to solve problems (Bass, 1985; Bass & Avolio, 1994; Northouse, 1997). This approach enhances the followers' awareness of problems, which can lead to creative and innovative solutions that the leader may not have developed alone (Bass, 1985; Northouse, 1997). By integrating followers into the problem solving process, leaders enhance the abilities of the followers and may identify solutions in less time.

Individualized consideration. Individualized consideration entails providing support, encouragement, and opportunities tailored for each follower (Bass, 1985; Bass & Avolio, 1994; Ledlow & Coppola, 2014). This factor is represented by leaders who consider the unique needs of each follower when determining how to delegate tasks (Bass, 1985; Northouse, 1997). This individualization of leadership can lead to the use of styles that are specific and structured in some instances or more focused on affiliation with less structure in others (Northouse, 1997).

Transformational leadership connections with occupational therapy. Allied health professionals such as occupational therapists who utilize a goal oriented approach and work in conjunction with their clients have been found to exhibit statistically significant scores in aggregated transformational behaviors than professions that employ a less client-centered

approach (Wylie & Gallagher, 2009). Beyond the aggregate differences, these results held true for comparisons of the individual transformational behaviors of inspirational motivation and individualized consideration. While these differences between professions are not viewed as a positive or negative, it does elucidate that the rehearsed and ingrained professional norms, such as those present in occupational therapy, more naturally align with the transformational leadership approach (Wylie & Gallagher, 2009).

Transformational leadership in occupational therapy. Hunter (2013) reflected on the possibilities for intentional leaders within the field of occupational therapy to change the perceptions of our field by clearly articulating our position in the healthcare arena, to enhance the field's contribution to quality care, and to improve client outcomes. Her approach was grounded in the viewpoint that leadership takes place through transformation, or the response to the contextual press for change. She espoused transformational leadership as an approach that both closely mirrors the values of occupational therapy and encourages challenging the status quo (Hunter, 2013). Transformational leadership has been shown to hold a positive predictive relationship with leadership outcomes (such as extra effort, effectiveness, and satisfaction) for occupational therapy academic program directors as well as clinical rehabilitation managers (Snodgrass, Douthitt, Ellis, Wade, & Plemons, 2008; Snodgrass & Shachar, 2008).

Transformational leadership in allied health fields. Transformational leadership has also been the subject of studies in other allied health fields. Winans (2005) described the use of transformational leadership in positively changing the culture of a physical therapy clinic without explicitly integrating the four constructs inherent to this style of leadership. A lasting change in clinic culture was discussed in terms of putting people first, establishing trust, and increasing the organizational commitment of the staff (Winans, 2005). Transformational leadership has been

the subject of research within the field of nursing; this form of leadership has been shown to be: evidence-based and empowering for staff (Doody & Doody, 2012; Gousy & Green, 2015), related to increased job satisfaction in nurses in hospital settings (Wang, Chontawan, & Nantsupawat, 2012), and to mediate the self-perceived well-being of nurses (Nielsen, Randall, Yurker, & Brenner, 2008).

Although transformative leadership includes a focus on contextual influences, there are critiques of this approach. The first is that much of the research that supports the transformational approach has been descriptive with a dearth of quantitative studies to validate its use (Ledlow & Coppola, 2014). Although transformational leadership does not wholly address the ‘science’ of leadership, its flexibility and attention to the interpersonal relations between leader and follower position this as a viable means of enacting the ‘art’ of leadership. A second critique is that this approach is structured as more of a leadership mindset than approach due to its lack of specific leadership actions that accompany each of the four major constructs.

Situational leadership theory. Separate from, and as an application of, the overall situational approach the Situational Leadership Theory was developed to provide leaders with a means of recognizing the interplay between particular styles of leadership and the level of readiness of their followers (Hersey et al, 1996; 2001). This approach is predicated upon the relationship of three factors: the level of guidance and direction the leader provides (task behavior), the amount of socioemotional support the leader affords (relationship behavior), and the degree of readiness that followers exude (Hersey et al, 1996; 2001; Ledlow & Coppola, 2014; Winston, 2015).

The Situational Leadership Theory has been represented by a grid where the task behavior falls along the X-axis and relationship behavior is represented along the Y-axis. The

quadrants can be used to describe leader behavior in four ways, or styles that are based upon the leader's evaluation of context in terms of the task to be completed, the perceived level of support required, and the readiness of the follower to attempt the task (Hersey et al, 1996; Winston, 2015).

The initial style (S1), referred to as 'directing' or 'telling', has the leader primarily focusing on goal attainment and less on the interpersonal relationship (Hersey et al, 1996; Northouse, 1997; Winston, 2015). Using this style, leaders provide directions or instructions on what to do and how to do it along with a high level of supervision to ensure the directions are carried out (Hersey et al, 1996; Northouse, 1997). The 'directing' style of leadership is appropriate when followers have both low abilities and low willingness to carry out the assigned task.

The second style (S2) involves a highly directive and highly supportive style of leadership and is referred to as a 'coaching' style (Hersey et al, 1996; Northouse, 1997; Winston, 2015). The coaching style applies to followers who may not be capable of independently completing a task, but are highly motivated to do so. Leaders using the S2 style of leadership get involved by encouraging and by providing opportunities for discussion and clarification. While leaders in this style of leadership still make decisions regarding goal achievement, there is more of a two-way conversation regarding how to attain the goals (Hersey et al, 1996; Northouse, 1997).

The third style of leadership (S3), termed 'supporting', is based upon an approach that has high support and low direction (Hersey et al, 1996; Northouse, 1997; Winston, 2015). Followers ready for this style of leadership have demonstrated skills needed to complete a task but may require support to complete the task, whether due to lack of motivation or confidence

(Hersey et al, 1996; Winston, 2015). Leaders using the supporting style of leadership provide praise, constructive feedback, and actively listen in order to seek input and ideas from the follower. At this stage, leaders provide followers with control as to how a goal will be attained while fostering confidence and abilities (Hersey et al, 1996; Northouse, 1997).

The final leadership style (S4), 'delegating', involves low levels of support and direction on the part of the leader. Followers at this stage have demonstrated competence and confidence in task completion and are given the responsibility to complete tasks in their own manner (Hersey et al, 1996; Northouse, 1997). While leaders release responsibility to followers, the leader remains available to provide support on an as needed basis (Northouse, 1997; Winston, 2015).

Beyond the four leadership styles, the Situational Leadership Theory also accounts for the readiness level of the follower. In order to determine readiness, leaders consider the abilities, degree of willingness, and confidence on the part of the follower (Hersey et al, 1996; Winston, 2015). Followers functioning at the R1 level are thought to be unable and either unwilling or lacking confidence to complete tasks. The R2 level includes followers who are unable to complete a task but possess the willingness or confidence to attempt the task. Followers at the R3 level are capable of completing the task but are either unwilling or lack the confidence to do so. The R4 level involves followers who are both able, willing, and confident in completing assigned tasks (Hersey et al, 1996; Winston, 2015).

Situational leadership within occupational therapy. A search for the use of situational leadership within occupational therapy revealed a single source related to a clinical application. Nastasi (2015) grounded the combination of the model of Occupational Adaptation and Situational Leadership in an occupational science perspective to develop Occupational

Leadership, an approach that guided and facilitated the community level occupational engagement of older adults with visual impairments. Her construct of Occupational Leadership included a simultaneous focus on elements of the person, the occupational environment, and the interactions between these while assuming the practitioners would provide the appropriate level of supervision to the older adult clients with visual impairment (Nastasi, 2015).

Situational leadership in allied health fields. The adaptable nature of situational leadership is evident in the nursing literature as this style of leadership has been applied and studied in a variety of practice areas. Lynch, McCormack, & McCance (2011) utilized situational leadership to develop a model that integrates person-centeredness with leadership for a residential care setting; the outcome of this study was an increase in follower performance. This style of leadership has also been shown to lead to an increase in staff retention due to its flexibility in dealing with people and situations in an orthopedic setting on a case-by-case basis (Zurlinden, Bongard, & Magafas, 1990). Situational leadership has also been shown to be an effective style for non-traditional healthcare practices as Farmar (2005) employed situational leadership to increase the level of communication with followers when managing a group of telecommuting nurses.

Despite Situational Leadership's flexibility and responsiveness to contextual influences, this approach has drawbacks. Ledlow & Coppola (2014) raised questions related to the overall conceptual clarity and validity of Situational Leadership. Among the clarity questions is the lack of criteria that would bring a leader to determine particular developmental levels of their followers, leaving these decisions solely to the interpretation of each leader. A second critique is the lack of empirical study on how each particular style of leadership affects the motivation and performance of followers on tasks.

Leadership challenge. Kouzes & Posner (2012b) developed the Leadership Challenge to provide a means of reducing institutionalism with the intent of bringing about positive organizational change. These authors state that a leader's most significant contribution is to the long-term development of people and institutions that are allowed to adapt, change, prosper, and grow. One institution thought to develop through the application of the Leadership Challenge is leadership itself; a quality leader utilizes the various elements of this approach to position followers to grow in both skill and personal leadership capability (Kouzes & Posner, 2012a). Leadership is not bounded by race, religion, ethnicity, culture, place of residence, or type of organization; in fact, leadership as described by Kouzes & Posner (2012b) closely parallels the mantra within occupational therapy that views "every member a leader" (Stoffel, 2013, p. 634).

While a potential goal of leadership may be to develop leadership in others, an immediate aim is to affect organizational change. Leadership can be thought of as successful if a shared vision is communicated with followers that results in adapted values, behavior, and positive work-related outcomes (Ledlow & Coppola, 2014). Within the Leadership Challenge, leaders are thought to enact the Five Practices of Exemplary Leadership, which include modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart (Kouzes & Posner, 2012a; Ledlow & Coppola, 2014).

Model the way. Although this practice is rooted in leading by example, effective leaders must first recognize and embrace their own core values (Kouzes & Posner, 2012b). From this state of awareness, leaders can enact two related Commitments of Exemplary Leadership in order to forge team unity. The first is to clarify the values that guide current leadership decisions. However, clarity of values is not sufficient because leaders also speak for, and with, their followers. When leaders and followers share common values, people find additional

reasons to care about the work they do (Kouzes & Posner, 2012a). The second commitment is to set the example by aligning actions with the shared vision (Kouzes & Posner, 2012b). Leaders can set the example through words, actions, as well as non-verbal forms of communication. Kouzes & Posner (2012a) suggest leaders also take advantage of significant incidents within the organization in order to teach followers how to align actions with shared values (Kouzes & Posner, 2012a).

Inspire a shared vision. The future is the realm of leadership (Kouzes & Posner, 2012b); therefore, leaders align personal and organizational actions with visions and dreams of potential futures. One of the most important roles of an organizational vision is to provide a focus for the human energy and actions that make up the organization. Thus, leaders must effectively communicate their vision to followers in a way that leads to action or change (Ledlow & Coppola, 2014). Leaders who truly inspire a shared vision are first able to imagine exciting and ennobling possibilities (Kouzes & Posner, 2012b). In order to share a vision that appeals to multiple stakeholders, leaders can ground the vision in reflections on past success, link the vision to the current state of the organization, and then project the vision into the future. Visionary leaders recognize that establishing connections with the aspirations of their followers leads to both initial interest and sustained efforts towards the vision. These connections are strengthened by leaders who are capable of positive communication centered on generating enthusiasm and excitement about the focus of the vision (Kouzes & Posner, 2012a; 2012b).

Challenge the process. A significant barrier to working towards a shared vision involves battling against comfort and complacency within organizations. Therefore, this practice relates to leaders working with followers to understand why beliefs and practices must be altered (Ledlow & Coppola, 2014). Leaders search for ways to motivate others to identify achievable

steps in attaining the shared vision. They take a proactive stance and search for outside perspectives that position the organization to turn the vision into action (Kouzes & Posner, 2012a; 2012b). This involves a connection to the temporal element discussed in the 'shared vision' section above that uses incremental changes to current successes in order to generate sequential victories that build towards the shared vision. This approach helps to initiate change, gets people moving towards the vision, and makes progress imaginable (Kouzes & Posner, 2012a).

Enable others to act. It is important for leaders to recognize that their ideas and actions alone are not sufficient to achieve a shared vision; a team effort is required. Consequently, leaders work to develop trusting relationships by focusing on the needs and skills of their followers (Kouzes & Posner, 2012a; 2012b). This sense of trust and mutual dependence is said to foster collaboration within a unit or organization (Kouzes & Posner, 2012b). Leaders share power and responsibility through providing opportunities for followers to utilize choice and discretion in carrying out the vision. When done effectively, these relationships garner support and respect while building followers self-esteem and capabilities. This focus on strengthening others enhances the followers on a personal level while also creating a true team environment (Kouzes & Posner, 2012a).

Encourage the heart. Achieving an organization's vision is difficult no matter the size of the organization. The last stated practice within the Leadership Challenge involves leaders identifying ways to express pride in accomplishments, both large and small. This recognition and appreciation for individual contributions can take many forms, including one-to-one or group celebrations, simple or dramatic displays, as well as spontaneous or planned events (Kouzes & Posner, 2012a; 2012b). Celebrating achievements related to shared values and

victories big and small creates a spirit of community that further strengthens the organizational culture (Kouzes & Posner, 2012b).

Leadership Challenge in occupational therapy. Despite having related titles (Davidson, 2012; Schwarz, 1989), no references were found that directly employed the Leadership Challenge within the occupational therapy literature.

The Leadership Challenge has been a widely regarded approach to leadership, but is not without its criticisms. Although the Leadership Challenge provides rich descriptions of what effective leaders should do and uses the Leadership Practices Inventory assessment to determine how leaders currently employ each practice, there is a noted lack of ‘how’ to engage in or improve the Five Practices of Leadership. Similar to other leadership approaches, the Leadership Challenge has been the focus of a number of descriptive studies with limited quantitative studies on outcomes related to addressing individual Leadership Practices or the Practices as a collective whole.

Contemporary leadership approaches. Despite the inclusion of contextual influences throughout the situational paradigm of leadership, leadership and organizations were still viewed through a hierarchical lens. This mindset began to shift in the early years of the current millennium as the traditional hierarchical models of leadership no longer fit with the rapid pace of change experienced in the high-tech and globally connected world (Honaker, 2015; Porter-O’Grady & Mulloch, 2007). The increasing pace and demands of industries, such as health care, require a new design to both leadership and organizations.

Within this emerging viewpoint of industry change is viewed not as a thing or event, but as an inevitable means of continually reshape the world in which we live (Porter-O’Grady &

Mulloch, 2007). In order to assist in establishing a sense of order amongst the chaos of constant change, a new model of practice and leadership has been developed (Honaker, 2015).

Quantum leadership. Quantum leadership utilizes concepts from quantum physics to describe the random and unpredictable behavior of the smallest units of an organization (people) in relation to the functioning of the whole (organization). The tenets of chaos theory have also influenced quantum leadership as this approach shifts the organizational foci to the integration of departments that were formally compartmentalized, encouraging employees to envision the big picture of the organization rather than their individual work unit, and on practices that enhance team based action (Porter-O'Grady & Mulloch, 2007). This emphasis on interconnectedness and systems thinking has, in effect, flattened the traditional hierarchical structure into a less linear, potentially more cohesive heterarchal design that affords shared authority through the implementation of 10 principles central to quantum leadership (Honaker, 2015; Porter-O'Grady & Mulloch, 2007).

Principle 1: Wholes are made up of parts. Small units within organizations continually interact in a manner that sustains and drives the whole. Under a systems mindset, employees and units continue to be expected to produce the products, services, or outcomes required of their individual units, but do so with an awareness of the organization's broader purpose (Honaker, 2015; Porter-O'Grady & Mulloch, 2007). A primary role of a quantum leader is to ensure a close alignment between point of service activities and the larger aims and goals of the organization (Porter-O'Grady & Mulloch, 2007).

Principle 2: All health care is local. The primary implication of this principle is that each direct care provider is empowered to provide necessary services at the point of service rather than seeking approval from a supervisor or manager prior to acting (Honaker, 2015;

Porter-O'Grady & Mulloch, 2007). Effective systems include an alignment among the goals of the community being served, the organization, and the individuals providing services (Honaker, 2015). Therefore, a majority of a leader's work involves building and maintaining relationships both in and out of the organization (Porter-O'Grady & Mulloch, 2007).

Principle 3: Adding value to a part adds value to the whole. Traditional assessments of value in relation to work have addressed quantity of work or volume (Honaker, 2015; Porter-O'Grady & Mulloch, 2007). The systems mindset not only addresses the value of each interconnected activity, role, function, and person, it also views the organization's ability to thrive as being dependent upon the fit between each individual role and function. Quantum leaders are thought to hold this mindset as tacit knowledge to the point where the system itself operates less efficiently when this fit is not a constant guide (Porter-O'Grady & Mulloch, 2007).

Principle 4: Simple systems make up complex systems. Individual departments within organizations complete assigned tasks and interact with other departments to form increasingly complex systems (Porter-O'Grady & Mulloch, 2007). A simplistic explanation of this principle is that within a given organization everything is related everything else in some manner. All leaders within that organization must be able to clearly delineate interact with others and serve to achieve the organization's goals (Honaker, 2015; Porter-O'Grady & Mulloch, 2007).

Principle 5: Diversity is a necessity of life. Although principle four celebrates the cohesive interaction between units, quantum leadership is also predicated upon adapting to change. Quantum leaders welcome conflict or operational problems as challenges. The presence of conflict affords leaders the ability to simultaneously view where the unit is currently operating as well as processes that will enhance both the unit and the organization (Porter-O'Grady & Mulloch, 2007).

Principle 6: Error is essential to creation. Similar to change, error is also present throughout the work world. Contrary to the past, quantum leaders recognize the necessity of errors to foster change and to utilize as a leadership tool. When not punished or viewed solely as a negative, error serves as a teacher both in terms of what not to do and what to do differently (Porter-O'Grady & Mulloch, 2007). In general, a leader's attitude and views regarding error determines how errors are dealt with at the individual level and how they are viewed throughout the unit.

Principles 7: Systems thrive when all their functions intersect and interact. Systems theory has shown that the world functions through interaction and interdependent relationships. Awareness of these interactive forces have slowly led to the emergence of newer models of workplace thinking that hold integration, organizational (big picture) thinking, and flexibility as the core tenets (Porter-O'Grady & Mulloch, 2007). Quantum leaders have an awareness that their main task is to manage interacting systems in ways that make the overall organization thrive (Honaker, 2015; Porter-O'Grady & Mulloch, 2007).

Principle 8: Equilibrium and disequilibrium are in constant tension. This principle addresses the delicate balance between stability and change. Quantum leaders thus need to accept and embrace ambiguity in order to understand the dynamics between the typical human want for stability and the universe's trend towards chaos and change (Honaker, 2015; Porter-O'Grady & Mulloch, 2007). The role of the leader then is to locate the points of stability and utilize them for ongoing evaluation and potential implementation of change (Porter-O'Grady & Mulloch, 2007).

Principle 9: Change is generated from the center outward. While many assume that the center of an organization is the highest levels of administration, a trend in quantum leadership is

to consider the true organizational center as the point of service-connections between clients and service providers then hold primacy (Honaker, 2015). This approach is thought to enhance the value of the overall organization as the character and content of the provided services match those of who utilize the services. Quantum leaders assess the ways the overall system supports action and decision at the point of service, with related action geared towards developing additional support to optimize both the services that are provided and the people who provide them (Porter-O'Grady & Mulloch, 2007).

Principle 10: Revolution results from the aggregation of local changes. Quantum leadership recognizes the existence of two types of change, evolution and revolution. Evolutionary changes occur in a steady and consistent process over a length of time. Revolution is much more sudden and dramatic, with resulting changes taking place almost instantaneously. The role of quantum leaders is to address the implications of both types of change in order to benefit both the individual unit and organization as a whole (Porter-O'Grady & Mulloch, 2007).

Quantum leadership within occupational therapy. The only reference that applies quantum leadership to occupational therapy is Honaker's (2015) description of how quantum leadership mirrors occupational therapy values and how those in formal leadership positions can implement quantum leadership.

Quantum leadership in allied health fields. Porter-O'Grady (1999) has described quantum leadership as a direct application of systems theory in healthcare practice as this approach seeks a goodness of fit among workers, the work, and the context for the mutual benefit of the worker and organization. Quantum leadership has a focus on environmental influences, which allows leaders to utilize holistic thinking in order to address contextual factors as well as to weigh potential competing perspectives from various stakeholders in leadership situations

(Valdez, 1999). Curtain (2011) stated that a shift towards quantum thinking in leadership is necessary as it allows nurse leaders to see the whole picture rather than disparate pieces of information.

In spite of mirroring many of the prevailing views of healthcare, and the world in general, critiques of quantum leadership abound. Chief among them is that at its core, quantum leadership is translational work from the field of quantum physics; the criticism is that the application of mathematical constructs to human behavior can be viewed as a major leap. A second issue with quantum leadership is that many of the notions and constructs espoused by this approach are repetitively addressed throughout the related literature, but are also ill defined which can decrease understanding of an already challenging approach. Quantum leadership can be considered a leadership mindset as much as an approach due to not providing ideas for implementing the principles. A fourth criticism of quantum leadership is that the discrete focus on potential futures may come at the expense of current realities, thus clouding the rationale for leadership decisions and actions.

Theory U. Theory U is a theoretical framework based upon 15 years of action research pertaining to individuals, groups, and organizations (Scharmer, 2009). A main tenet proposed by Theory U is that the quality of the results created by any level of social system is a function of the quality of awareness, attention, or consciousness the participants of the system operate from (Presencing Institute, 2015). Scharmer (2009) posits that limited awareness, attention, or consciousness be referred to as a ‘blind spot’ in our leadership and in social interactions. This ‘blind spot’ stems from an ego-system type of awareness where situations are viewed in light of one’s own well-being and experiences. From the perspective of Theory U, change requires a

radical shift from ego-system towards eco-system awareness, which views reality with the interest in the well-being of all involved (Scharmer, 2009).

Scharmer (2009) has stated that many of today's leaders are blind to the source dimension, or latent core beliefs and understanding that become the structural habits of an organization, which bring about leadership and social action. Changing these habits necessitates a difficult transition in how leaders and followers within an organization listen. Theory U delineates four types of listening that fall on a continuum; these are downloading, factual, empathic, and generative listening. When leaders and organizations employ downloading, a majority of listening confirms what is already known about a subject; people hear the elements they are already familiar with. Factual listening begins to move beyond confirmation and allows for recognition of new information. Listening becomes empathic when leaders and organizations move from seeing facts and objects towards hearing "a story of a living and evolving self" (Scharmer, 2009, p. 54). Generative listening involves a shift to seeing a future of possibilities (Scharmer, 2009). This fourth stage of listening has been termed 'presencing', which combines sensing (feeling future possibility) and presence (the state of being in the moment) (Presencing Institute, 2015).

Theory U is described as a process by which a leader or organization moves towards presencing (Presencing Institute, 2015). The initial stage in the process is to shift attention from what is to be avoided towards the reality that can be created (Presencing Institute, 2015; Scharmer, 2008). Movement along the process involves three steps: going down the U, at the bottom of the U, and going up the U. While going down the U, three obstacles must be overcome in order to change; these are the voice of judgment (VoJ), the voice of cynicism (VoC), and the voice of fear (VoF). The suggested means of overcoming these obstacles is to

tune: the open mind to contest the VOJ, the open heart to combat the VoC, and the open will to contest the VoF (Presencing Institute, 2015). At the bottom of the U, leaders and organizations must begin to see situations as a whole and let go of all information and systems that are unessential (Presencing Institute, 2015; Scharmer, 2009).

The move up the U includes three obstacles in the form of operating methods: executing without flexibility or mindfulness, endless reflection without corresponding action, and talking without a connection to the changed source dimension (Scharmer, 2009). The first leg of the journey up the U is to develop a key group of people that are committed to the purpose and outcomes of the organization; their shared focus is to intentionally move towards the vision of the leader or organization by addressing challenges and possibilities. The second stage of moving up the U involves an integration of the head, the heart, and the hand in order to create innovative ideas and actions (Scharmer, 2009). The final phase of progressing up the U is to share the ideas and actions of the smaller group with the entire organization in order to synchronize the entire organization with the vision (Presencing Institute, 2015).

As with other leadership approaches, numerous critiques of Scharmer's (2009) work exist. First, Theory U is purely theoretical without any distinct model building or clear exposition of terms; this last element can lead Theory U to be perceived as 'mystical' and less scientific. Another issue is that there are no defined prerequisites for embodying the open mind, open heart, or open will that are discussed readily throughout this theory. A third criticism is that there are scarce details on how to bring the right side of the U to life, so embodying and engaging consciousness of presencing is left up to the reader's interpretation.

Leadership: An Occupational Perspective

In order to develop an occupational perspective of any construct, one must first possess a clear understanding of ‘occupation’. Although leadership frequently involves gainful employment, a full description of occupation requires a broader description than simply ‘work’. The World Federation of Occupational Therapists (WFOT) (2012) has adopted the definition that occupations “refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to, and are expected to do.” This is a widely accepted and utilized description of occupation; however, the WFOT definition is overly broad as leadership situations are frequently more distinct than things leaders need to do, want to do, or have to do.

Wilcock & Townsend provide a more applied version of the WFOT definition by describing occupation as “all the things people want, need, or have to do, whether of physical, mental, social, sexual, political, or spiritual nature...It refers to all aspects of actual human doing, being, becoming, and belonging” (2014, p. 542). This approach to occupation begins to establish occupation as having an ongoing temporal quality as opposed to a solitary activity with a finite start and stop time. Polatajko, Davis, & McEwen (2015) described occupations as “groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture” (p. 83). This description not only includes the temporal quality of occupation, but also grounds occupation as a construct that overarches a variety of tasks. Therefore, occupation will be defined through the remainder of this literature review, and study, as ‘all things people want, need, or have to do in order to do, be, belong, and become the people they strive to be. These goal-directed pursuits span time, provide meaning, purpose, and a sense of identity, and can include a variety of component tasks.’

When applied to leadership, this definition implies that leadership is an active process that extends across time and can involve multiple leadership tasks such as establishing clinician schedules, running a staff or faculty meeting, or organizing an accreditation report. The remainder of this section will utilize the EHP constructs of person, task, and context as well as concepts from occupational science to frame the discussion related to leadership.

Occupation and the Person

Being. Christiansen has stated, “occupations are key not just to being a person, but to being a *particular person*, and thus creating and maintaining an identity” (1999, p. 547). In western societies, people are most often defined by their work. Christiansen (1999) and Unruh (2004) have indicated that in many social settings, a common question that follows introductions is some variation of “What do you do?” A person’s comfort level in answering that question can stem from how the person feels about what he/she does, or what has been referred to as *being* (Hitch et al, 2014b; Wilcock, 1999).

As related to leadership, a leader’s perceptions of experiences can determine whether a specific leadership task holds meaning or significance; therefore, for each individual leader those same perceptions frame whether a particular task is something that needs to be done, is something the leader wants to do, or is something the leader is expected to do. How leaders view those leadership tasks can affect the behavior of leaders; if the task is viewed as a chore or simply a means to pay bills then the level of personal investment and effort may often be lower than if the work is related to a career.

Being and occupational therapy leadership. In an effort to more fully discuss what it means to be an occupational therapist in a formal leadership position, a separate exploration of each is required. In order to be an occupational therapist, a therapist must have successfully

completed an accredited occupational therapy program, passed the national certification examination, and possess a license to practice in a given state. Being in a formal leadership position entails the leader's sense of him or herself as well as having followers who recognize, respect, and respond to one's leadership decisions and actions (Hitch et al, 2014b). Similarly, leadership decisions made with consideration of the identities of their followers when assigning or delegating tasks can serve to empower the followers. Given the importance of place to identity formation, the above description of OT would not provide the full picture. The day-to-day practice of leadership varies by place, clinical leadership is distinct from academic leadership and both are distinct from leadership within professional associations. Therefore, a more thorough description of occupational therapy has to be situated within a place. Examples could include "I am an OT educator who works in a research intensive institution" or "I am a pediatric OT who is also serves as the Advocacy Committee chair for my state association; I work with therapists and lawmakers to enhance and protect the OT scope of practice."

Identity. Christiansen connected occupation to identity by stating that occupations are not only key to being a person, but to creating an identity as a particular person (1999). In everyday life, what a person does to find meaning and purpose is one method of describing who that person is. The decision to utilize occupations or rote exercise as a means or ends to the therapy process conveys information related to a clinician's overall approach to clinical practice (Gray, 1998). An occupation-based approach to clinical practice that simultaneously addresses elements related to the client, the activity, and the context in which performance takes place is espoused in occupational therapy professional documents (AOTA, 2014). Utilizing a similar occupation-based approach to leadership would entail a leader considering the skillset of individual therapists within a team (person), caseload assignment (task), and allocation of space

and resources (context); this approach can affect the professional identity of an entire department by overtly celebrating occupation and occupation-based practice.

Despite leadership being a prominent topic within the field (Gilfoyle, 1989; Grady, 1990; Moyers, 2007; Stoffel, 2013), there has yet to be a similar push for an occupation-based approach to leadership. This author posits that conveying an occupation-based leadership style will enable occupational therapy leaders to create distinct leadership identities while maintaining consistent and explicit connections to their professional identity (Gilfoyle, 1989; Ikiugu, 2008).

The construct of identity has been conceptualized as occurring in three layers. The first is thought to be intrinsic to each person and includes the abilities to perceive and communicate towards one's self. Mead (1934) described this reflexive construct as the 'self' while Erickson referred to this core sense of sameness as the 'ego identity' (1968). In terms of leadership, this element of identity relates to how a leader views and perceives him or herself. This could entail a sense of confidence or apprehension, whether or not a person feels competent to be a leader, whether the leader views themselves as a 'leader' or an 'OT leader', as well as how a leader prepares for and handles leadership situations. These thoughts and internal dialogue can lead to personal leadership goals as well as the actions to achieve those goals; this future focus deals with our imagined self, or our possible self- who we hope to become as a leader (Christiansen, 1999; Markus & Nurius, 1986).

The second layer of identity stretches beyond the person and involves a connection and recognition by others, and was termed the 'me' by Mead (1934) and 'personal identity' by Erickson (1968). This tier of identity involves not only how followers perceive the leader, but the overt behaviors the leader displays that lead to those perceptions. Personal identity relates to the ways with which we recognize and are recognized by others, in short how we display aspects

of our identity to either maintain ourselves within a given context or attempt to manage other's impressions of us (Huot & Rudman, 2010). When applied to leadership, this mindset extends outward and involves the ways in which leaders perceive the skillset or readiness for advancement of their followers. This may lead to caseload assignments based upon areas of specialization or personality, such as "Jane is an occupational therapist with sensory integration certification" or "Cynthia takes pride in attaining positive outcomes with difficult clients."

The final tier of identity, which encompasses Mead's concept of the 'I' (1934) and Erickson's notion of 'social identity' (1968), reflects one's location within a social structure as well as that individual's responses to the structures and expectations set forth by the local context (Huot & Rudman, 2010). In terms of leadership, this level of identity pertains to how a leader functions within a given organization, including carrying out policies and procedures, attaining unit goals, as well as how the leader's individual unit functions as a part of the organizational whole.

Christiansen (1999) and Laliberte-Rudman (2002) have emphasized the contextual and temporal connections between occupation and identity, thus providing an occupation-centric application of the works of Erickson and Mead. Laliberte-Rudman's (2002) analysis of qualitative studies delineated how people express their occupational self to others, the ways in which personal and structural impediments to occupational engagement can impose limits on self-perception, how people use occupation to maintain a personally and socially acceptable form of identity, the manner through which people seek to be viewed by others, and finally how people shape their occupations to align with the personal and social views of their identity. Christiansen (1999) stated that people strive for coherence in their identity over time by enacting life stories that are unfolding and constantly being edited through engagement in occupation. All

of this points to a seemingly reciprocal relationship between identity, occupation, and the settings in which the occupation takes place.

Leadership identity. Research has established the concept of occupational identity that addresses the links between occupation and identity (Huot & Rudman, 2010; Ikiugu, 2008). Identity is not solely developed through engagement in occupation, but also by the meaning ascribed to engagement in and completion of the occupation (Huot & Rudman, 2010; Ikiugu, 2008). Furthering these links to leadership could lead to the establishment of a leadership identity. Occupational therapists shifting from being solely clinicians into positions of formal leadership may initially struggle as they seek to establish their leadership identity. One means of easing this transition would be to intentionally lead using personal and professional values, strengths, and attributions of meaning (Pentland & McColl, 2008). Acting with consistency within a person's clinical and leadership identity can contribute not only to a sense of personal well-being, but also demonstrates integrity between actions and professed beliefs (Gilfoyle, 1989; Ikiugu, 2008).

Occupation and the Task

Doing. The construct of *doing* connotes action or active engagement in purposeful pursuits (Hitch et al, 2014a; Wilcock, 1999). Wilcock (1999) discussed this state of action as being good for health and well-being. In this sense, *doing* can be thought of as a biological imperative as humans require actions related to feeding and drinking in order to survive. *Doing* can also suggest individual or group action as doing can provide a mechanism for social interaction. This view of *doing* is a likely reason that getting people to 'do' has been a central focus of the profession of occupational therapy throughout its history (Hitch et al, 2014a) as it could be used to describe engagement in individual or group therapy sessions.

Doing and leadership. Linking *doing* to leadership leads to discussion related to many of the discrete tasks faced by leaders. Hitch et al (2014a) described the ways people change their style of *doing* to meet local conditions; this could mean that leaders in similar organizations ‘do’ their leadership tasks in very different ways based upon the policies and procedures of their organizations. Regardless of the form that *doing* takes, the targeted outcome is for the results of leadership decisions and actions to fulfill the aims of the unit or organization (Ledlow & Coppola, 2014).

Doing and occupational therapy leadership. At a basic level, *doing* occupational therapy leadership parallels other forms of leadership in that there are unit and organizational aims, along with internal policies and procedures that affect how the *doing* is carried out. In this regard, the *doing* can be comprised of assigning caseloads, planning and conducting department meetings, serving on interdisciplinary committees, or orienting a new therapist. When considered from a deeper level, and one that aligns with the focus of this dissertation, *doing* leadership from an occupational perspective would require leaders to intentionally draw upon their professional training in order to infuse the occupational therapy process (AOTA, 2014), occupational therapy theory (Dunn et al, 1994), or particular therapy skills within their approach to leadership situations. This approach to *doing* leadership draws on the knowledge and strengths of individual occupational therapy leaders and aligns with current leadership literature (Porter-O’Grady & Mulloch, 2007); this combination has the potential to positively affect the types of leaders occupational therapy leaders could become.

Becoming. Wilcock’s (1999) description of *becoming* alludes to a temporal element nestled in the future; she clarified this by explaining that any possible future is dependent upon the behaviors and actions that occur in the present. Hitch et al (2014b) explained *becoming* as an

ongoing progression across a person's life. The process of *becoming* alludes to changing or transitioning to a new setting or role. With transitions come changes in occupations themselves, performance variations in remaining occupations, changes in roles and routines, and often changes in the overall environment (Myers, 2008).

Becoming and leadership. As related to leadership, *becoming* can entail the path one takes to advance within an organization or profession as a formal leader, which includes an aspect of change, or transition, over time. The element of time has been the focus of occupational science research, specifically related to the development and evolution of routines (Fritz, 2014), habits (Davidson, 2007), and the effects of timing and tempo (Farnworth, 2003). Leaders in every field develop specific habits and routines that allow completion of mundane daily tasks at an almost automatic level. The concept of tempo involves the pace of work, or “a flow of energy in time, and in relation to the environment” (Farnworth, 2003, p. 118). Thus, leadership encompasses the actual tasks that are to be done, where they are done (place), and also the time constraints and affordances for each position.

Becoming and occupational therapy leadership. As with any profession, the above aspects of *becoming* and time relate to the practice of occupational therapy leaders. Therapists undergo multiple transitions throughout their careers. The initial transition involves moving beyond the role of a student and becoming a licensed therapist. Bjorklund (2000) provided evidence of one of the transitions that students undergo as they progress through schooling; her participants who were nearly graduated discussed a more holistic perspective of health when compared with newly admitted students. The nearly graduated students were also able to make more abstract connections related to occupation, noting that occupation (in her study the term activity was used) can be a goal or a tool to achieve a different goal, a concept that is the subject

of a seminal work in the field of OT (Gray, 1998). This display of differing skill and application of knowledge aligns with progression through the model of skill acquisition which asserts that it is reasonable to expect more experienced and competent clinicians and leaders to synthesize and act on knowledge in a more fluid manner than those with less experience (Benner, 1984; Dreyfus & Dreyfus, 1980). Beyond moving from student to therapist and from beginner towards expert, another leadership transition can be intentionally moving one's leadership approach to parallel occupational therapy theory and the process (AOTA, 2014) underlying clinical practice; this planned transition would enable a person holding a formal leadership position to become an occupation-based leader.

Occupation and the Context

To generate an occupational perspective of leadership, it is not enough to state what work is done. To fully encapsulate and understand the construct of leadership, there also needs to be an exploration of where the work is done, or the place of work. Place entails more than simply a description of a physical location; it includes social, cultural and political meanings (Frank, 2011). The constructs of occupation and place have direct links with identity in order to develop who one is and conveying that understanding to others (Huot & Rudman, 2010). In other words, “people ‘do’ their identities on a daily basis within particular places” (Huot & Rudman, 2010, p. 68) thus the concept of where the work is done has as much to do with a personal and professional identity as what work is done. The degree of association between identity and place can affect sense of acceptance or belonging for a leader on an intra- and interpersonal level.

Belonging. The concept of *belonging* alludes to a connection with other people through direct social interaction, mutual support, friendship, as well as through the perception of inclusion and affirmation from external sources (Hitch et al, 2014a). Hitch et al (2014a; 2014b)

utilized the phrase ‘sense of connectedness’ to describe *belonging*. Depending upon the type of social relationship, there are different requirements to belong as a member of the pair or group. For example, two people in love share the requirement of mutual feelings of belonging together; for coworkers, ongoing shared employment facilitates the union; and members of Japanese culture must fulfill societal expectations in order to belong to the family unit and collective culture (Hitch et al, 2014a).

Belonging and leadership. There are multiple ways that leaders can demonstrate *belonging*. The first, and most obvious, is to simply obtain and maintain a formal leadership position within an organization, which establishes a shared connection with other employees. Although holding a leadership position does not guarantee a sense of belonging, a leader’s decision, actions, and approach can begin to build a mutual sense of belonging between the leader and his or her followers. When a person holds a formal leadership position, a second element of *belonging* is available through the acceptance of their leadership by those they work with, which can be thought of as an active process involving a leader’s initial efforts at being accepted, acceptance by followers, and maintenance of that acceptance by both parties.

Belonging and occupational therapy leadership. Occupational-based leadership relates to belonging in multiple ways. At the organizational level, occupational therapy leaders can exhibit a sense of *belonging* through maintaining their formal leadership position with an organization. Being aligned with a particular organization allows therapists to answer the inevitable follow-up question to ‘What do you do?’, which is ‘Where do you work?’ Occupational therapy leaders also demonstrate organizational belonging through working interprofessionally with members of other disciplines.

Occupational therapy leaders can also demonstrate *belonging* at the professional level. The simplest method of *belonging* to the profession is to remain licensed to practice occupational therapy. Another example of *belonging* to the profession of occupational therapy entails giving of time to future generations of OT students by supervising fieldwork placements; an offshoot of this would be giving back to younger OTs by serving as a mentor to further the development of another therapist. The last aspect of *belonging* that occupational therapy leaders can hold relates to being a part of and connected to professional organizations. This involvement is not limited to just the leader, occupational therapy leaders may recommend or require their followers to become active members of these organizations as well. For therapists in the United States, this can entail state organizations such as the Michigan Occupational Therapy Association, national organizations such as the American Occupational Therapy Association, or international organizations such as the World Federation of Occupational Therapy. Organizational involvement at any of these levels can hold different meaning for members; it can entail simply paying membership dues, attending or presenting at annual conferences, or running for/holding a board or committee position. Leaders may also encourage engagement in organizations or boards that are external to occupational therapy, an example could include having a certified hand therapist apply to be on the local arthritis board. A form of belonging that relates to leadership actions could relate to those leaders who intentionally strive to become occupation-based leaders; the transition to a leadership approach that aligns with professional training may lead followers to perceive that the leaders truly belongs in the formal leadership position.

Place. The term ‘place’ initially connotes a specific physical location; definitions vary from “a particular portion of space, whether of definite or indefinite extent” (Dictionary.com, 2016) to “a specific area or region of the world: a particular city, country, etc” (Merriam-

Webster, 2016). The field of occupational science takes a much broader view of place including the institutional, social, cultural, political, and virtual elements that affect agency and shapes beliefs, values, thoughts, and actions (Cutchin, 2008, as cited in Frank, 2011; Huot & Rudman, 2010; Nayar, 2012). In order for occupational performance to occur, a particular person, a particular occupation, and a particular environment are required (Law et al, 1996). Due to this connection, place is a vital element in the study of occupation as it provides the social, cultural, and physical/environmental factors to each occupation (Rebeiro, 2001).

Aldrich (2008) utilized complexity theory to state that despite individual and system behavior appearing to be random and unpredictable, internal and external influences actually delimit potential behavioral outcomes to a finite set of alternatives. Leaders who actively consider elements affecting people, tasks, and the context in which those tasks are performed can narrow the potential set of decisions or actions in order to achieve unit or organizational outcomes. Due to these influences, motivations and processes cannot be viewed as being fully independent from the physical, social, and cultural realms in which performance takes place (Cutchin 2004, as cited in Sellar 2009). This performance, which can occur through habitual behaviors, is then a product of the contextual conditions under which they are formed (Cutchin, 2008). Bourdieu's (1990) term 'habitus', or a set of principles which generate and organize behaviors, can be utilized to describe the ways in which people act within particular sections of their world after being introduced to the preeminent social and cultural structures. Habitus stems from a process where the external structures of society or environment are internalized into a person and expressed through their actions (Cutchin, 2008). These works form a clear link between occupations, or what people do, and place, where occupations occur.

Place then is related to leadership in a number of ways. The most basic is that

engagement in discrete leadership activities that comprise the occupation of leadership occur in particular places. That is, the manner in which leadership is carried out is affected by the surrounding physical and interpersonal context (Porter-O'Grady & Mulloch, 2007). The culture, organizational structure, and social norms of a rehabilitation department all influence the ways in which an occupational therapy leader goes about instituting change, responding to performance issues, or interacting with followers. Based on these influencing factors, the construct of place contributes to the development of the interpersonal working relationship between leaders and followers.

Co-Occupation. The occupational science construct of co-occupation relates to leadership due to the contact between leader and follower. Occupation is thought to occur on an interactive continuum with solitary occupations, such as self-care, on one end and highly interactive occupations, such as the mothering occupation of breastfeeding, at the other. Co-occupation has been described as the most interactive form of occupation between two or more individuals. The essence of co-occupation is the degree to which the occupations of two or more people are interactively shaped by the shared experiences of those involved; co-occupations could not occur without the interaction and responses of the other people involved in the occupation (Pierce, 2003; Pierce, 2009).

When considering leadership as a form of co-occupation, the primary concern is the interaction between the leader and followers (Pierce, 2003). Without this interaction, or without followers, leadership would move across the occupation continuum to the solitary end and be thought of merely as work. The experiences shared between leader and follower ultimately shape how the work of both leader and follower is completed (Pierce, 2003; Pierce 2009). A second consideration related to co-occupation is whether leadership itself can be construed as co-

occupation, or if that nomenclature is reserved for discrete leadership tasks that are shared with followers, such as participation in staff meetings.

Summary

The construct of leadership is multidimensional and has been described as meaning different things to different people. Some people describe leadership as a set of innate personality traits that enable a person to fill a leadership role (Dunbar, 2015), others equate leadership roles with formal management positions (Braveman, 2006), and others describe leadership as a relationship between those who lead and those who follow (Kouzes & Posner, 2012). Leadership has been described as an active process contributing to change and achieving individual and organizational potential (LaPointe, Baptiste, vonZweck, & Craik, 2013). The intended outcome of leadership decisions and actions is to enhance both the organization and the people who comprise the organization (Dunbar, 2015; Northouse, 2007). In order to have the greatest effect on individuals and groups, it is imperative to distinguish between the process of leadership and the people who are in leadership positions (Braveman, 2006). For the purposes of this dissertation, the construct of ‘leaders’ will refer to occupational therapists who hold formal leadership positions.

To that end, a leader can be thought of as any person who holds or occupies a formal position or role that has authority or external recognition. Occupational therapists have the potential to function as leaders in a number of formal roles including those in academia, in clinical practice, as well as within professional organizations. In clinical practice this may entail an occupational therapy department supervisor, a clinical lead, or a rehabilitation manager. In the world of academia, a leader may be a department chair, a program coordinator, or hold an administrative position such as a dean or provost. Gilfoyle termed leadership “the work of the

leader” (1989, p. 567); this work can serve as the conduit between people and the tasks they must complete. In today’s healthcare environment, leadership is vitally important as it is thought of as the crucial ingredient that enacts change (Bennis & Nanus, 1985; Hanson & Ford, 2011).

Chapter Three: Research Design and Methodology

This chapter includes the rationale for the research design, specific procedures that were enacted throughout the study, strengths and drawbacks of the proposed study design, a description of study participants, data collection and analysis procedures, steps taken to ensure the trustworthiness of this study, and assumptions and limitation of the proposed study design. The purpose of this study was to mix phenomenological and qualitative content analysis methods to capture the essence of the ways the occupational therapy leaders experience and understand leadership.

Rationale

Throughout the proposal stage of this dissertation, the methods were described using a traditional phenomenological design. Methodological conversations with the dissertation committee focused on addressing Frank & Polkinghorne's (2010) calls for qualitative researchers to 'thicken' their descriptions of the life stories of participants and to gain understandings of what people do. The initial discussion about interview content included a focus on participants' descriptions of personal leadership approaches; the methodological discussions led to the inclusion of leadership artifacts that depicted the application of those approaches.

Phenomenological methods typically include data collected from individual interviews or focus groups (Creswell, 2013; Moustakas, 1994), the inclusion of leadership artifacts that required interpretation necessitated the addition of a qualitative content analysis to allow for interpretation of data from documents or visual sources (Schreier, 2012). Adding a second form of qualitative methods resulted in a shift from a purely phenomenological methodology to a mixed methods study employing two distinct forms of qualitative data collection and analysis. Mayoh & Onwuegbuzie (2015) questioned the binary notion of mixed methods research and

supported the combination of phenomenological methods with other forms of qualitative methods as a distinct form of mixed methods research termed mixed methods phenomenological research.

The resulting mixed methods study (Figure 1) consisted of a three-phased sequential embedded design (Creswell & Plano-Clark, 2011) that followed the hermeneutic phenomenological tradition (Cohen, 2000) with qualitative content analysis serving as a secondary form of analysis (Schreier, 2012).

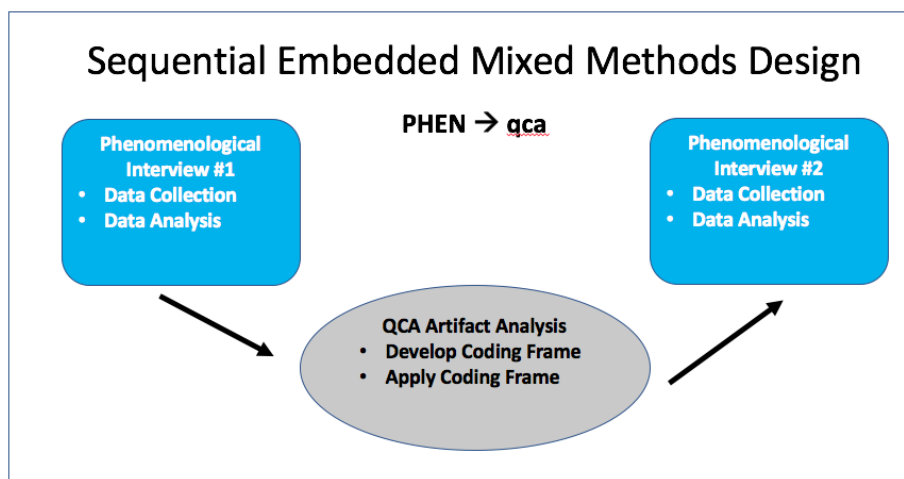


Figure 1: Sequential Embedded Mixed Methods Design

In this sequential embedded mixed methods design, the researcher first collected and analyzed phenomenological data from interview #1. The analysis of interview #1 informed labelling of dimensions and sub-categories within the qualitative content analysis coding frame utilized to analyze leadership artifacts. The researcher then collected and analyzed phenomenological data from interview #2, some questions utilized during this phase were informed by the analysis of interview #1 and qualitative content analysis. Based upon this sequence of collection and analysis, the actual mixing of the two qualitative methods took place

at both the collection and analysis stages between interview #1 and the artifact analysis and between the analysis of both interview #1 and the artifacts and interview #2.

Utilizing shorthand notations found in the mixed methods literature (Creswell & Plano-Clark, 2011), this study design can be represented as PHEN(phen) which depicts a secondary strand of phenomenological method in lower case embedded within a primary strand of phenomenological method. A more descriptive depiction would be to represent this study design as PHEN(qca) where the secondary strand of qualitative content analysis is embedded within the primary phenomenological strand.

The rationale for employing these hermeneutic phenomenology and qualitative content analysis was to enhance the level of triangulation available by converging the results of each method to more fully elaborate, enhance, and clarify the results from the interview data (Greene, Caracelli, & Graham, 1989). Specifically, the hermeneutic phenomenological portion provided participants the opportunity to describe and talk about how they experience leadership, while the qualitative content analysis afforded a review of tangible representations of occupational therapy leadership to provide an understanding what leaders do (Frank & Polkinghorne, 2010). The combined analysis provided the ability to compare what people described and what they actually did in their practice of leadership.

Hermeneutic Phenomenology

Phenomenological research describes the lived experiences, or shared meanings, of a common concept, idea, or phenomenon for several individuals (Moustakas, 1994; van Manen, 1990). The premise of phenomenology is to combine individual experiences of the common phenomenon into a description of the essence, or “very nature of the thing” (van Manen, 1990, p. 177). This shared description includes both what was experienced as well as how it was

experienced and understood by the participants. In essence, phenomenological inquiry aims to explore how people interpret and make meaning of their everyday experiences (Cohen, 2000). The use of hermeneutic phenomenological methods in this study allowed me to identify how occupational therapy leaders experience leadership and how those same leaders may utilize their training as occupational therapists as a portion of their leadership approach.

A variety of philosophical arguments support the use of phenomenology in naturalistic inquiry. This brand of research addresses the lived experiences of people and holds that these experiences take place intentionally or at the foreground of consciousness and attention (Cohen, Kahn, & Steeves, 2000; Creswell, 2013). The phenomenological approach espouses the suspension of all value judgments about what is the reality of a given situation; this is enacted through a process known as *epoche* or bracketing (Moustakas, 1994). A second element related to phenomenological views of reality deals with the interrelated nature of the subject and object. Reality is not divided into subjects and objects; reality of an object is wholly dependent upon the perceived meaning of the individual who experiences the object (Creswell, 2013). For this study, the construct of leadership served as the ‘object’ with the aim of exploring how formal occupational therapy leaders understood and experienced leadership within their professional context.

Phenomenological studies typically include several common features based upon seminal phenomenological texts from psychology (Moustakas, 1994) and the social sciences (van Manen, 1990). The first is an overt emphasis on a specific phenomenon of interest that will be explored; examples could include the construct of depression or the use of a collaborative approach to healthcare. Leadership served as the phenomenon of interest for this study.

Next, the actual exploration of the identified phenomenon begins with a group of individuals who all have direct experience with the phenomenon in question. The current study addressed leadership as experienced by the participants and included their professional journey to leadership positions, leadership training, and the ways in which they have made decisions and acted in leadership situations. Third, the researcher(s) identify personal assumptions, beliefs, and experiences related to the phenomenon and bracket them in an effort to set these aside and solely focus on the experiences of the participants. Data collection in this phenomenological study took the form of individual interviews. Analysis of interview transcripts led to detailed descriptions summarizing what participants experienced and how they experienced it (Creswell, 2013).

A basic premise of hermeneutic phenomenological research is that a prime influence on human thought is to achieve an understanding of the experience through interpretation of narratives or descriptions (Kahn, 2000a). In the current study, the researcher began with asking participants to recount their leadership experiences and moved towards an interpretation of the descriptions provided by the participants (Cohen, 2000). When utilizing hermeneutic methods, Steeves (2000) recommends spending time in the field of interest. The construct of leadership holds personal interest as the researcher has held multiple leadership positions and participated in both leadership training and postgraduate courses specifically addressing leadership.

Kahn (2000a) describes the importance of utilizing multiple interviews over time during hermeneutic phenomenological research in order to develop trust and rapport with participants. The methodology for this study employed an initial interview focused on the participants' definitions of and experiences with leadership, six participants were invited to share leadership artifacts and documents that exemplified their leadership approach, and these participants

participated in a second interview that addressed the ways they explicitly or implicitly incorporate their professional training as occupational therapists into their leadership practice.

The addition of the leadership artifacts and second round of interviews were included in the methodology to strengthen the overall design by meeting Frank & Polkinghorne's (2010) recommendations to: more fully immerse the researcher in the field of study, thicken descriptions of stories of participants by better understanding their everyday activities and contexts, and include an approach that explores what the participants did versus what they said they did. The use of field notes in this type of methodology provided an opportunity to reflect on and evaluate the interactions with participants in order to construct an overall narrative of the data and also served as an early form of analysis through a recording of ideas, insights, and observations (Kahn, 2000a). Field notes were taken throughout each interview and during the initial perusal of leadership artifacts and documents, which provided an up to date record of initial impressions and thoughts that occur during data collection.

Strengths and limitations of phenomenology. Phenomenological methods have a number of strengths, particularly those employing virtual interviews. Chief among them is that phenomenological inquiry is used to describe the essence of lived experience, which is at the heart of the initial research question used to guide this study (Creswell, 2013; Moustakas, 1994). A second strength of phenomenology is that virtual interviews are efficient and economical for both the researcher and participant. A third strength is that this form of interview includes direct interaction with each participant in real time, which allows for clarifying questions and pertinent follow-up inquiries to be added to the scripted questions.

There are also a number of drawbacks to phenomenological inquiry, a primary limitation is that the findings are difficult to generalize beyond the context of a given study. Second, the analysis of data is time consuming and can often be tedious to summarize.

Qualitative Content Analysis

Qualitative content analysis (QCA) is a method that aims to systematically describe the meaning of qualitative material when the material and the related potential meanings are not obvious (Schreier, 2012). Thus, qualitative content analysis is appropriate to apply to material that requires a degree of interpretation. Schreier (2012) stated that this approach is appropriate for use with both verbal and visual types of data, as well as those sampled from multiple sources. This methodology was appropriate to apply to the shared leadership artifacts as QCA allowed for analysis and interpretation of different forms of leadership artifacts including meeting minutes, photographs, or email chains.

The analysis of qualitative content analysis studies takes the form of a coding frame, which serves as a means of structuring and organizing data and material (Schreier, 2012). The structure of coding frames consists of *dimensions*, which represent the main constructs of the analysis, *sub-categories*, which are thought of as examples that are specific to each dimension, and potentially additional levels of sub-categories that can represent discrete examples of each initial sub-category. Schreier (2012) provided an example of these multiple levels where ‘depiction of family life’ serves as the topic of study; parenting style is a dimension with related sub-categories that include authoritarian, democratic, egalitarian, laissez-faire, negating, no dominant parenting style, and parenting style not present. Using the construct of ‘leadership’ for the current study; the leadership approach used by participants was a dimension with two related sub-categories of description of the approach and reflections on leadership situations.

The development of dimensions and subcategories can occur in three ways. First would be to utilize a concept-driven approach where the dimensions and subcategories are based on the review of existing literature as well as the subject or interview guide. A second approach would be to develop data-driven dimensions and subcategories. The final method is to combine the two approaches and utilize both the existing literature as well as the data to develop the coding frame (Schreier, 2012). The coding frame for this study utilized a combination approach with two dimensions being concept-driven three dimensions being data driven. The dimensions of the coding frame were ultimately included as axial codes in the final iteration of the coding and theming process.

Coding frames need to meet four requirements to be considered sound. Unidimensionality entails that each dimension within the coding frame captures a single aspect of the material. Mutual exclusiveness requires that each segment of data can only be assigned to a single subcategory; this is not to say that one piece of coded material cannot be assigned to multiple subcategories, but the subcategories must occur in different dimensions of the coding frame. The requirement for exhaustiveness is met when a researcher is able to assign each unit of coded material to at least one subcategory. Saturation relates to coding frequency and requires that each subcategory is to be used at least once (Schreier, 2012).

Strengths and limitations of qualitative content analysis. Qualitative content analysis has a number of inherent strengths and limitations. One of the most important strengths of QCA rests in the manner with which QCA allows the coding frame to be developed based on topic related literature or on the data collected within a given study. The coding frame used in the current study was developed using concepts from both the leadership literature and from the transcriptions and initial analysis of interview #1. A secondary strength of this method is that it

allows for a variety of forms of data such as drawings, articles, and images (Schreier, 2012). The artifacts shared by the participants in this study allowed participants to self-select emails, images, and meeting notes that depicted their own leadership approach, rather than being asked to share a specific type of example.

A primary drawback of QCA is that this method is time consuming as the researcher has to assess each individual portion of relevant data against the developed coding frame. A second limitation of this method is that the interpretation of different media can limit or disregard the context that surrounds the piece of data being analyzed. The combination of phenomenological methods with QCA in the current study allowed the researcher to re-contextualize the leadership artifacts by asking follow up questions about the artifact and the situations that preceded or followed the events represented within the artifact.

Context for the Study

Study Setting

This study took place in a virtual context, primarily using Go-To-Meeting with three interviews conducted using direct phone conversations due to varying technical difficulties. Go-To-Meeting afforded the use of a web camera that allowed the participants to engage in synchronous, face-to-face interviews over distance in a setting that was natural for them. All interviews were scheduled for times convenient for each participant; interview times included early morning conversations, scheduled at routine break times at the participant's place of work, and into the evening hours for those with full workdays and those on the west coast.

The use of virtual meeting technology allowed for face to face interviews with participants from different regions of the United States. Traditional in person interviews would have limited potential participants to those within a reasonable driving distance from the

researcher. The technology used for virtual interviews provided images of the head to mid-torso, which allowed the researcher to make note of facial expressions but limited the ability to make note of body language throughout the interviews.

Ethical Considerations

The ethical considerations for this study were primarily related to confidentiality of the participants through the data collection, handling, and analysis phases of the proposed study. Based on the researcher's professional and academic affiliations, the study was submitted to both Grand Valley State University (GVSU) and Nova Southeastern University's (NSU) Institutional Review Boards (IRB) for approval. The intent was to submit the completed IRB proposal to NSU's IRB, gain approval to conduct the study, and then submit the approved proposal to GVSU's IRB. Following initial submission to NSU's IRB, the center level reviewer requested that GVSU's IRB conduct the initial review due to the study utilizing the GVSU network and software to collect and store data.

All participants signed an Informed Consent Form (Appendix A) and were informed of their rights to confidentiality and to cease participation in the study at any time. All electronic files including consent forms, audio recordings of interviews, and the transcriptions of each interview have been stored on an encrypted flash drive and backed up on Grand Valley State University's password protected network drive.

All participants were referred to by a pseudonym throughout each interview to provide an additional means of making the audio recordings and transcriptions anonymous. Transcript files were given an alphanumeric designation so that the only documents containing the participants' actual names were the Informed Consent and contact information forms. For example, the transcript given the designation 'Interview 1 Becky' refers to the first interview with the

participant who selected Becky as a pseudonym. Hard copy printouts of the transcriptions were stored in a locked file cabinet in the researcher's office after the analysis process was complete. All data and files related to this study will be destroyed three years after the completion of this study.

Minimal risk was anticipated for the participants as they were over the age of 18, licensed and practicing occupational therapists, and no questions during either interview were related to any personal or sensitive information.

Format for Presenting

The qualitative results of this study are presented in a narrative format with the overarching themes serving as secondary headings, sub-themes representing tertiary headings, and any additional labels or small groupings of data being quaternary headings. Each level of theme was described and supported utilizing exemplars from the interview transcripts. Thus, the presentation of results includes the researcher's own description of each code along with direct quotes from participants interspersed in order to allow the participants' voices to be heard (Creswell, 2013).

Participants

Twelve participants who held formal leadership positions within clinical practice, occupational therapy academic programs, and within state or national occupational therapy associations were recruited for this study. This number of participants aligns with the typical range of total phenomenological participants found in the literature (Creswell, 2013; Dukes, 1984; Rieman, 1986). Participation in the study involved the use of a computer or laptop, tablet, or smart phone as all technology utilized was accessible through any Internet capable device. Therefore, all participants required Internet access in order to engage in the interviews.

Inclusion Criteria

To be included in this study, participants were required to: hold a formal leadership position, have at least three years of clinical experience as an occupational therapist, have at least three years of experience as a formal leader, be fluent in English, have access to an internet connection, and be currently licensed as an occupational therapist within their state. Participants could occupy their current formal leadership role for any amount of time provided they have been in any leadership position for longer than three years.

Exclusion Criteria

Potential participants were excluded from this study if they: were under 18 years of age, hold an informal leadership position, did not speak English, had been affiliated with Grand Valley State University or Nova Southeastern University as faculty members during the researcher's time as a faculty member and student at these institutions, or if they held a dual role of occupational therapy clinician and educator. This last criterion was in place in order to avoid having participant responses veer between two roles within the same response or even the same interview. This same exclusion criterion did not apply to a dual role involving professional association leadership as many of these positions are voluntary and result in formal leaders holding multiple roles within professional associations.

Recruitment Procedures

Potential participants for the first phase of interviews were recruited through a mix of purposive and snowball sampling methods. The purposive sampling involved having an information letter (Appendix B) sent to four groups: 1) current and former participants of AOTA's Emerging Leadership Development Program and Leadership Development Program for Middle Managers; 2) members of AOTA's Commission on Education, Residency Program

Oversight Committee, and the Accreditation Council; 3) all current program directors of accredited entry-level occupational therapy (OTR) programs; and 4) posted as an attachment to a message on OTConnections. Snowball sampling involved hearing from practitioners who received the information letter expressing desire to take part but not being able to participate. Three practitioners indicated they had forwarded the information letter to colleagues; one of the three worked as an Academic Fieldwork Coordinator and forwarded the letter out to a list of fieldwork educators, which resulted in the recruitment of two participants for the study. Potential participants sent emails expressing their interest in taking part in the study; recruitment for each participant was not considered official until an interview date and time were set and the participant had returned their completed demographics sheet (Appendix C), the information from this form was used to formulate potential follow up inquiries.

Recruitment for the second phase of interviews was conducted via theoretical sampling (Strauss & Corbin, 1998). This process entailed reviewing the demographics forms for each participant, the complete transcriptions from each initial interview, and the list and description of the open codes generated from the first stage of transcript analysis. This review process aided in identifying six participants who expressed a specific approach to leadership situations, those who identified explicit or latent connections between occupational therapy training and their practice of leadership, as well as omitting two participants who experienced a significant change in their leadership role between the initial and second interview timeline.

Characteristics of Participants

The participants in this study came from an array of professional backgrounds and a variety of service areas (Table 1). Four of the participants entered the field with a bachelor's degree, seven started practice with a master's degree, and one entered the field with a clinical

doctorate degree; after embarking on their career paths two participants returned to school to earn their master's degree, one earned a clinical doctorate degree, and a third was enrolled in a research doctorate program at the time of being interviewed. The participants were geographically diverse as well; of the twelve participants two resided in Pennsylvania, two lived in New York, two hailed from Minnesota, and one each came from California, Indiana, Florida, Maine, Missouri, and Tennessee.

The age range of participants was between 29 and 64 years of age, the average age of participants was 42.5 years old. Of the twelve participants, eleven were female and one was male. The demographics sheet completed prior to scheduling the initial interview included questions related to the amount of time spent in current leadership positions as well as overall leadership experience. The range of time in the current role varied from 2.5 months up to 15 years, the mean time spent in current leadership positions was 4.75 years. Cumulative leadership experience showed a similar range from 3 years of leadership experience on low end and 23 years as the most hands on leadership experience, the average amount of time spent in leadership positions was 11.3 years.

The leadership positions held by participants at the time of interviews spanned entry-level education, clinical leadership positions, and volunteer leadership within professional organizations. The educators included a department chair, a course instructor, and two Academic Fieldwork Coordinators. The clinical positions included a team leader in charge of interdisciplinary clinical services at an outpatient center, an OT manager at a children's hospital with 51 staff therapists and aides, an assistant administrator within a skilled nursing facility, two inpatient/outpatient supervisors within two large hospital systems, a supervisor of rehabilitation services for an outpatient clinic overseeing 11 therapists, and a supervisor of intermediate school

district services with close to 60 therapists as direct reports. The volunteer leadership positions included a state association legislative chair, a state association political action committee chair, and the chair of a coalition of practitioners and educators who aim to increase the diversity within the field of occupational therapy.

Pseudonym	Age	Gender	Yrs as OT	Entry-level education	Type of Leadership Position	Yrs in Position	Formal l'ship exp	Leadership Style
Anita	32	F	10	MSOT-	Professional Association Officer	6	7	Servant
Becky	43	F	2.5 22 yrs as COTA	MSOT Had been COTA previously	Clinical Team Leader	*	*	Lead from 'the back'
Chuck	40	M	11	MA OTD	Clinical Team Leader, Professional Association Officer	4- Peds 5- State Assoc.	5	Information gatherer, work towards vision
Doyenne	32	F	10	MSOT-	Clinical Team Leader	1	4	Try to understand before making decision
Drea	38	F	14	BSOT- Masters in Org L'ship	Clinical Team Leader	5	10	Servant l'ship
Eve	29	F	6	MSOT	Clinical Team Leader	2.5 Mos	10	By example
Iris	38	F	17	BS OTD	Clinical Team Leader	6	16	Flexible to tailor to group
Jennifer	*	F	*	MSOT CHT	Clinical Team Leader	*	*	Lead by example- try to follow servant l'ship model
Juno	64	F	42	MSOT- PhD	Academic Program Director	15	23	Thinker, risk-taker, visionary
Kate	59	F	37	BS OTD	Professional Association	4	15	Participatory
Ruth	61	F	39	BSOT MSOT	Clinical Team Leader	5	20	
Teresa	32	F	6	MSOT- Working on PhD	Professional Association	3	3	Big picture focus, goal oriented

Table 1: Participant Characteristics

Data Collection

- Upon completion of the proposal defense and approval of the dissertation committee, all appropriate IRB forms were submitted to GVSU's IRB. Once approval was granted, the proposal was submitted to NSU's IRB. This sequence satisfied the requirements of both institutions related to the researcher's dual roles as student (NSU) and faculty member (GVSU).
- Following approval from both IRBs, the interview guides and planned technologies were tested by enlisting a person with experience in qualitative research that was unaffiliated with the proposed study. This phase of the study helped to clarify the sequence of questions as well as potential follow up prompts to utilize.
- After refining the interview guides, the researcher completed the phenomenological process of bracketing in order to reduce bias through identification of personal preconceptions, assumptions, and other potential biases (Kahn, 2000b). Steeves (2000) indicated that examining these experiences and beliefs before data collection is a means of reducing researcher bias through data collection and analysis.
 - Biases and preconceptions that were added to the reflexive journal included:
 - The relative lack of leadership training within the researcher's entry-level program. While there was an administration and management course, no content or projects was specifically related to leadership.
 - The portion of the journal describing what it means to be an occupational therapist and leader began with a description of the being client-centered, sequentially working through the OT process, and using clinical reasoning to address client performance issues. The second element related to

leadership and included an initial description of leadership and a depiction of the researcher's own leadership path.

- The third aspect of the reflexive journal was devoted to personally held connections between the practice of occupational therapy and the practice of leadership. Parallels or connections included: the practice of occupational therapy and leadership are both based on theory, the occupational therapy process mirrors descriptions of leadership decision making, and many of the interpersonal elements (the 'art' of therapy) taught in occupational therapy programs have direct relation to leadership skills.
- After being used to record the researcher's biases and preconceptions, the reflexive journal served as an early stage of the analysis process. The researcher utilized the reflexive journal to record recurring comments, to note of connections to leadership literature, and to maintain a list of additional follow up prompts for future interviews.
- The reflexive journaling was completed and read through prior to the first interview. Throughout the first six interviews, there was scant reason to re-examine the biases and preconceptions; an example of having to re-examine the journal resulted from a line of conversation with Theresa during interview #1 necessitated a re-examining of these biases prior to the remaining interviews.
 - As Theresa addressed a question related to the occupational therapy skills that she viewed as being closely related to leadership skills, the researcher commented that other participants had included terms that closely aligned

with the preconceptions contained within the third portion of the reflexive journal. Theresa quickly pointed out that she did not agree that either the occupational therapy process or the therapeutic use of self should be included. She held that these were elements of the professional training for other allied health disciplines and therefore did not meet the criteria posed in the interview guide.

- Looking back at the listed biases and preconceptions allowed the researcher to once again step back from these personally held notions. This served as a valuable lesson in maintaining neutrality throughout the remaining interviews.
- Following approval from both Grand Valley State University and Nova Southeastern University's IRBs, an electronic flyer (Appendix B) announcing the study and requesting participants was: posted to OTConnections, an AOTA members forum that allows for asynchronous discussion to take place on topics of interest; sent to the administrators of AOTA's Emerging Leaders Development Program and the AOTA Leadership Development Program for Managers; sent to the administrator for AOTA's Commission on Education, Residency Program Oversight Committee, and the Accreditation Council; and emailed to the program directors of each accredited occupational therapy program. Snowball sampling served as the second line of recruitment, this process involved three leaders who received the recruitment flyer forwarding the recruitment letter to additional formal leaders with the requisite experience and positions who met the inclusion criteria and were able to speak to the topic (Miles & Huberman, 1994).

- Potential participants received the consent form for this study (Appendix A) by email. Each potential participant was asked to review the form, sign, and return the completed form to the researcher by email.
- Scheduling of interview #1 took place upon hearing from interested participants and receiving their completed consent forms (Appendix A). All interviews were scheduled to take place on days and times that were convenient for each participant.
- A demographic sheet was sent to each participant after interview #1 was scheduled. This demographics sheet asked them to list their age, gender, years of leadership experience, occupational therapy education history, and information regarding their leadership position (Appendix C). This form included their name, and was labeled with a self-selected pseudonym that was utilized throughout the interview and transcription process to allow a de-identified connection between demographic responses and interview transcription. Each participant was asked to send the completed form via email prior to taking part in interview #1.
 - A digital copy of each participant's demographics sheet was stored on an encrypted flash drive as well as on the researcher's password protected personal network drive supported by Grand Valley State University.
 - A document that aligned each participant's name, self-selected pseudonym, and contact information was also created and stored on both the flash and network drives. This form, and any emails sent through the researcher's university issued account, served as the only connections between identifiable participant information. The created document served as a secondary information check when contacting participants as a means of ensuring confidentiality.

- One participant scheduled interview one and returned a demographics sheet, but was forced to cancel the interview due to a power outage from a winter storm. A make-up interview date was not able to be scheduled, so recruitment continued until a total of twelve participants were enrolled.
- The next phase of the study was to conduct interview #1 with each participant.
 - Format: All interviews took place utilizing two methods of capturing an audio recording. The first involved the use of a digital audio recorder positioned near the researcher's computer speakers to best capture clear audio of each interview; this recording resulted in an mp3 audio file of each interview. The second method, which served as a backup audio file, utilized the recording feature of Go-To-Meeting. Go-To-Meeting captures all elements of the interview but downloads as an mp4 file that includes both audio and video elements of the interviews. Once each interview file was complete and digital rendering made the file available, both the mp3 and mp4 files were saved to the researcher's personal folder on GVSU's network and backed up each file to the encrypted flash drive.
 - Content: Prior to beginning the questions found on the interview guide (Appendix D), the researcher reviewed the consent form once more to ensure the participants understood their rights and had all of their questions answered about the research, data handling, and analysis. Interview #1 addressed the professional background of each participant, including their experiences related to occupational therapy education and training, their personal path to a leadership position, any specialized training related to leadership, and personal descriptions of the major constructs of this study- occupation, occupational therapy,

leadership, and an occupational perspective of leadership. This initial interview required 40-75 minutes depending upon how much each participant expounded on the topics. The researcher initially avoided infusing any information related to occupation or the occupational therapy process into this interview unless first mentioned by the participants. If all questions on the interview guide were asked with no explicit connections between leadership and occupation, the interviews closed with a series of tiered probes. The initial tier included questions related to the participant's view of leadership as a role versus an occupation, and whether they had considered the connections between the construct of leadership and their role as an occupational therapist or to the profession of occupational therapy as a whole. If parallels between leadership and occupation were still implicit, the researcher then read a set of directed statements about occupation and leadership and asked the participant to formulate links to their leadership position (see Appendix D for a more specific list of questions). The interview guides for both interviews (Appendices D & E) were developed using the literature related to leadership and occupation as a foundation.

- The process of reflective journaling continued after each interview. This provided a structured time for notes to be added related to field notes, connections to the reviewed literature, common forms of responses between participants, or new areas to include as follow up prompts.
- Once each initial interview was transcribed, each transcript was loaded into nVivo qualitative analysis software (version 10). This tool was used to assist in the analysis of all transcript data from interviews 1 and 2.

- The next phase of this study was selection of six participants to take part in interview #2.
 - Criteria: The participants for interview two were selected via theoretical sampling from the participants of interview one. Selection for this interview was based upon the content of interview one transcripts, field notes, demographics sheets, and the codebook started during the initial stage of data analysis (Kahn, 2000a). This review identified six participants who explicitly spoke about the use of their occupational therapy training in the initial interview. These participants were asked to expand on these connections, discuss their individual leadership approach, and to describe specific situations in which their approach was utilized in the second interview. Two participants were selected who implicitly spoke about the connection of occupation therapy training to leadership and required multiple tiers of prompts to connect the two constructs, what Lincoln & Guba (1985) referred to as extreme or deviant cases. Four of the participants selected for the second phase of interviews described clear connections to their occupational therapy training and referenced these connections without any prompting during the initial interview.
 - All participants selected and available to take part in interview #2 were asked to provide supporting documents that reflected their approach to leadership. These supporting documents included written artifacts in the form of meeting and retreat minutes, photos of specific leadership situations, and email threads that elucidated a distinct leadership approach or style. All documents and artifacts were sent to the primary researcher electronically for review and qualitative analysis.

- The second interviews took place starting on February 6, 2017 and concluded on February 27, 2017.
 - Format: Interview 2 utilized the same format as interview #1.
 - Content: Interview 2 asked the participants to describe their approach and decision making processes within specific leadership situations, whether they overtly utilized the same approach in different leadership situations, how the shared leadership artifacts represented their leadership actions, how those artifacts connected to the main literature review headings within this proposal, and the ways each participant's views or approaches to leadership may have changed since the outset of this study. The second interviews required 25-65 minutes for each participant depending upon how much each expounds on the topics.
 - Reflective journaling took place following completion of each interview 2. This provided a structured time for notes to be added related to field notes, connections to the reviewed literature, common forms of responses between participants, or new areas to include as follow up prompts.

Data Management

A variety of data was collected and stored, including demographic sheets, consent forms, audio recordings of each interview, transcripts of each interview, nVivo files that contained coded portions of the interview transcriptions, and leadership artifacts. A 'Contact Information sheet' that included the participant's name, contact information for scheduling interviews and distributing the demographics sheet, and the selected pseudonym was created for ease of locating pertinent information. The audio recordings were not started until after introductions were completed, thus none of the saved audio files contained first or last names of the participants.

The researcher completed the transcription of six of the twelve initial interviews and 2 of the six second interviews. The remainder of the initial transcriptions were completed by a retired secretary hired who signed a confidentiality form; all audio recordings and transcriptions were shared via a flash drive that was physically handed off after use.

All digital data and personal contact information were stored in two secure locations for the duration of the study, first on a password protected personal network drive housed and maintained by Grand Valley State University and second on an encrypted flash drive. All printed copies of the transcriptions and notes related to the coding process were stored in a locked file cabinet in the researcher's office following the completion of the analysis process. All contact information, audio files, and non-coded files related to this study will be destroyed three years after completion of this study. The remaining coded files in print form and nVivo coded files will remain in the locked file cabinet and in a personal folder on the GVSU network for 10 years or until the completion of this line of research, whichever occurs first.

Data Analysis

Cohen, Kahn, & Steeves (2000) have designated the goal of hermeneutic analysis to be a thick, or rich, description that serves to represent the lived experiences of the research participants. This analysis process has also been referred to as the hermeneutic circle, where analysis begins with an initial, vague conception of the meaning that underlies the entirety of the data (Cohen, Kahn, & Steeves, 2000); this search for underlying meaning aligns with the primary aims of phenomenology set forth by Moustakas (1994) and van Manen (1990). The initial idea of the underlying meaning then leads the researcher to begin to explore smaller portions of the data in order to better understand the whole. The notion of the hermeneutic circle stems from the analysis of different portions of the data, or the same part of the data, at deeper levels to continue

to gain a clearer understanding of the entirety of the data (Cohen, Kahn, & Steeves, 2000). In essence, a researcher must “consider the meaning of the smallest units of data in terms of ever-increasing larger units of data and vice versa” (Cohen, Kahn, & Steeves, 2000, p. 73).

Analysis of Interview #1

Use of Notes. The initial step in analyzing the data from the initial round of interviews took place during the interviews themselves as the researcher actively listened to the experiences shared by the participants and made notes related to specific comments. These notes served as reminders to ask related follow up questions and also reflected on during the researcher’s journaling process to determine potential questions or prompts to pose to later participants.

Transcriptions. The second stage of analysis related to the transcriptions of interview #1 audio files. The researcher transcribed six interviews and had the remainder completed by a local transcriptionist; no identifiable information was shared with the transcriptionist. After each interview was transcribed, each transcript was read through and compared to the related audio file for accuracy, with minor corrections in wording and punctuation added during this read through. This analysis process took place while interview #1 was occurring with other participants, thus allowing for overlap between data collection and analysis. Once each interview was transcribed, the transcripts were loaded into nVivo qualitative analysis software (version 10). This tool was used to help manage the data throughout the analysis process.

Once interview files were loaded into nVivo, each transcription was read through start to finish in order to frame initial interpretations of the data. Cohen, Kahn, & Steeves refer to this process as “immersing oneself in the data” (2000, p. 76). The researcher sought to identify the critical issues from each interview and utilized this process to begin connecting recurring issues into labels or codes that served as orienting guideposts during the later stages of analysis.

Data transformation. After the twelve interview transcriptions were entered into nVivo, the researcher completed the process Cohen, Kahn, & Steeves (2000) referred to as data transformation, or data reduction. Data transformation is a deliberate form of editing participant comments which allows researchers to omit digressions, simplify language by eliminating irrelevant phrases such as “you know” or replacing familiar language with more formalized language such as editing “kinda” to read as “kind of.” These minor edits were done in order to clarify language used across interviews without interfering with the inherent meaning provided by the participants.

Thematic analysis. Both the chair of this dissertation committee and the researcher read the first transcription file and coded portions of that interview. The codes developed were compared, discussed, and refined during a synchronous online conversation. This step served as an initial inquiry audit to assure that all relevant aspects of the interviews were addressed during the initial coding process. Including the inquiry audit at this stage of the analysis process also served as an opportunity to discuss the interview guide and overall interview process to identify any potential wording or approach changes to incorporate in future interviews. The mutually agreed upon codes were defined and given examples to start the codebook for this study.

The label and definition of these initial codes served as the first step of analysis as the titles were compared for relationships and potential content overlap. This coding process continued through the remainder of all interviews in phase one. The established codebook was applied, added to, and continually refined during the analysis of each remaining transcription until codes from all initial interviews were represented in the codebook; a process Creswell (2013) referred to as cross-case analysis. The development and refinement of the codebook aided in identifying when data saturation had been achieved due to no additional codes being

developed during later interviews (Creswell, 2013). Although Creswell (2013) recommends limiting the overall number of codes utilized at this phase to 25-30 initial codes in order to be better able to condense into themes during later stages of analysis, the initial coding process in the current study led to the development of 51 codes.

The second stage of thematic analysis involved identifying significant overlap where multiple codes clustered together based on shared meaning. This form of analysis involved identifying shared meaning between initial codes and condensing into broad units of information that shared a common idea, or themes (Cohen, Kahn, & Steeves, 2000; Creswell, 2013). The initial attempt at establishing themes for this phase of the study took place after the last transcript of interview #1 was coded. Initial codes were clustered together in an effort to begin identifying meaning within the data. Three main themes were developed through the analysis of this portion of the data; the theme of 'leadership journey' included three sub-themes, the second theme of 'leadership deconstructed' included four sub-themes, and the third theme of 'personal approach to leadership' consisted of a single sub-theme.

Analysis of Artifacts

The analysis of written and non-written leadership artifacts took place prior to interview #2 and followed the qualitative content analysis method set forth by Schreier (2012). The process of qualitative content analysis involves a researcher establishing a coding frame prior to analysis of the data. Schreier (2012) recommends that researchers new to qualitative content analysis utilize coding frames in two phases. First, researchers generate a coding frame that will aid in determining which pieces of data are relevant and those that are irrelevant to the research question at hand. Once material is found to be relevant, the researcher numbers the relevant units to ensure that each is coded within a dimension or subcategory. The second stage of

analysis is the development and utilization of a coding frame to apply to the relevant data (Schreier, 2012). The structure of coding frames can be concept driven, based on what has been learned from literature or related studies, or data driven, where frames are developed from the source material itself. The current study mixed content driven and data driven frames to allow some dimensions to be based on concepts stemming from the literature review and interview guide (Appendix E) and others to be based on the materials that are provided (Schreier, 2012). After the coding frame is generated, the researcher codes each numbered unit of data into the coding frame in such a manner as to ensure unidimensionality, mutual exclusiveness, exhaustiveness, and saturation.

Leadership artifacts. Two participants shared pictures depicting their approach to leadership, one participant shared minutes from staff meetings, one participant shared minutes from two faculty retreats, one participant shared quarterly newsletters, and one participant shared three emails sent to staff.

- Each artifact and the participants' descriptions of the artifact were compared against the research questions stated in Chapter One to determine relevance for the study.
- The relevant data resulted in a total of 173 numbered units of material.

Coding frame developed for this study. Schreier (2012) describes the use of non-written artifacts, such as pictures with captions or videos, within qualitative content analysis. Non-written artifacts often include a caption to help explain or describe what is depicted in images. For this study, participant descriptions of their artifact contained within interview #2 served as the caption for each artifact.

Qualitative content analysis. Application of the initial coding frame identified 173 individual units of meaning that were deemed relevant to the research questions. Each of these

units of data were then aligned with the coding frame and assigned to dimensions and subcategories as appropriate. The coding frame was structured with four dimensions that were based upon axial codes from interview #1, the subcategories stemmed directly from the open codes that comprised each axial code. The dimension of ‘professional intersections’ consisted of the subcategories of connections between occupational therapy and leadership, process, systems, use of occupation, and use of self. The dimension of ‘connections’ included the subcategories of meet the needs of others, building capacity, contextual influences, external support, mentoring, and professional organization connections. The dimension of ‘approach’ contained the subcategories of personal leadership approach, leadership identity, experiences or reflections, and leadership capacity. The dimension of ‘leadership skills’ included the subcategories of approachability, communication, consistency, flexibility, and establishing/maintaining a relationship.

Analysis of Interview #2

The use of notes, the researcher becoming immersed in the data, data transformation, and thematic analysis the six interview #2 transcriptions was completed using the same sequence and process as the first round of interviews. Although most initial codes paralleled those identified in the initial round of interviews, the additional questions related to how occupational therapy leaders utilized their occupational therapy training in their leadership resulted in two new codes that were not represented in the codebook: use of OT process and contextual influences. Three main themes were developed through the analysis of this portion of the data. The first theme of ‘personal approach to leadership’ included two sub-themes, the second theme of ‘leadership deconstructed’ consisted of five sub-themes, and the third theme of ‘leadership journey’ contained two sub-themes.

Comprehensive Analysis

This stage of the analysis process was the first that involved both interviews and the leadership artifacts simultaneously. The initial attempt at making sense of the data was to reimagine the themes developed previously; this led the themes from each round of interviews and dimensions from the coding frame to be replaced with questions that helped to describe the contents of each theme.

- ‘What is leadership?’
- ‘Why do OT’s become leaders?’
- ‘Who is involved in leadership?’ and ‘Where does leadership take place?’
- ‘How did leaders describe their own leadership?’
- ‘When do OT’s become leaders?’
- ‘What are the requisite skills to be a leader?’

Although these questions helped to clarify what each theme represented, I discovered two issues with these new labels. First, as I continued the review process the questions as themes read as too concrete and in some ways too simplistic. Second, and most importantly, I struggled with attempting to transition from these questions to overarching themes that represented the totality of what was read across interviews and throughout the artifact descriptions.

Having stalled out with the theming process mentioned above, the researcher had to step back from what was developed and attempt to reconceptualize the data in a meaningful way. The initial aspect of this was to delete the questions as themes and essentially unbundle all of the initial codes from both interviews and artifacts. Next, the researcher read through the descriptions of each initial code and the units of data within each and began to compare codes and units to each other. Throughout this process, the researcher routinely referenced the

headings within Chapter 2 as a means of reframing and renaming some of the groupings of codes.

Overarching themes. The analysis process concluded with the development of overarching themes that described the interrelationship of both interview transcriptions the artifact analysis (Creswell, 2013; Moustakas, 1994; Strauss & Corbin, 1998). This phase of analysis moved into the abstract by combining themes from interview #1 and #2 with the coding frame from the content analysis. This process led to the development of four general themes that capture and describe the shared experiences of all participants (Creswell, 2013; Moustakas, 1994). The overall themes for this study were ‘Personal Approaches’, ‘Professional Training’, ‘Interpersonal Skills’ and ‘Consistency and Flexibility’. Each theme will be explored more fully throughout the fourth chapter.

Analysis of Methodology

Assumptions

The subject and methods of this study were inherently based upon a number of assumptions. The ontology of qualitative research, and thus of phenomenology, holds that multiple realities occur simultaneously (Creswell, 2013); therefore, multiple realities of leadership based upon experiences and education exist for each leader within the field of occupational therapy. From an axiological perspective, I assumed that all occupational therapy leaders would be able to discuss an occupational perspective of leadership based upon their collective professional training and experiences. An epistemological assumption of the study was that the participants and I would influence each other throughout the interview process. Phenomenological studies also assume that the results apply only to the participants whose interviews are analyzed; while particular results may be indicated, the nature of the data and

analysis from this study cannot be generalized to a larger population of leaders. Hermeneutic phenomenology is based upon interpretivism, which holds that an outside researcher, in this case me, is capable of interpreting the narratives of multiple people and developing categories of meaning, or themes. Finally, a theoretical assumption of the EHP model of practice is the presence of a mutual influence between the person and the context; the people who live or work in a given context may not be able to change their context.

Strengths

Qualitative research is often employed when little is known about a subject (Creswell, 2013). Although leadership has been widely studied, little empirical research has been conducted about leadership within the field of occupational therapy; therefore, the use of a phenomenological approach was appropriate to discover how occupational therapy leaders experienced and described their own leadership. A second strength of the proposed design was that the addition of the leadership artifacts supplemented and enhanced the results stemming from the interview transcriptions. A third strength was related to recruitment as participants included occupational therapy educators and clinicians from across the country and practice areas. The twelve participants had a variety of leadership experiences in either paid positions within healthcare organizations and academic institutions, or volunteer leadership positions in state or national professional organizations. A fourth aspect of the proposed study that served as a strength was the format for the interviews; completing the interviews either via phone and online synchronous meeting software limited the travel burden on participants while allowing the interviews to take place at times that were most convenient for the participants rather than a predetermined time. This use of technology allowed the researcher to recruit participants from across states and regions of the country as opposed to utilizing traditional face-to-face interviews

limiting the participant recruitment to a specific geographic area. A fifth strength of this study was the combination of phenomenological methods with qualitative content analysis; a limitation of qualitative content analysis done as a sole method is that it is easy to decontextualize the shared forms of data, having the ability to conduct a face to face interview allowed the researcher to embed the shared artifacts in the immediate context of each participant. A final strength of this study lied in the makeup and expertise of the dissertation committee; two of the members are experienced qualitative researchers. This collective expertise bolstered the study through a joint analysis of the initial two interviews and through completion of an inquiry audit later in the study.

Weaknesses

A researcher utilizing phenomenological methods seeks to understand the participants' lived experiences of the phenomena of interest and therefore incorporates in-depth interviews. A second weakness of this mixed methods embedded design was that by utilizing two forms of qualitative data, there were few published works available to base design decisions (Mayoh & Onwuegbuzie, 2015). Related to potential limitations in the responses, a potential weakness may stem from the inherent difficulty of integrating the results of the two methods. In addition, the researcher interacted with participants in a virtual context, which can limit the ability for replication. The interview format for data collection was equally reliant upon the participants accurately sharing their leadership experiences and on the ability of the researcher to interpret those experiences in a meaningful way. While this aligns with phenomenological data analysis methods, lacking the opportunity to observe and interpret day-to-day leadership practices was a limitation of this study. A fifth noted weakness was the researcher's lack of experience collecting and analyzing qualitative data.

Trustworthiness

Several strategies that fell within four distinct categories were incorporated in order to build trustworthiness into this mixed methods embedded design study (Creswell, 2013; Lincoln & Guba, 1985).

Credibility

Credibility involves confidence in the accuracy of research findings. One method of establishing credibility was to ensure prolonged engagement with the participants (Lincoln & Guba, 1985). This study included two rounds of interviews with six of the participants and a single interview with the other six participants. The second round of interviews and analysis of leadership artifacts promoted engagement between the participants and the researcher. Second, the responses of participants with differing points of view were compared in order to triangulate the data (Creswell, 2013; Lincoln & Guba, 1985). An example of this was comparing the transcripts and related codes from the second interview which included participants who explicitly described the use of occupation in interview one and participants who required tiered probes in order to connect the constructs of leadership and occupation. Member checks were utilized on the part of available participants by asking three participants to review the codebook and corroborate the analysis with their perceptions and experiences (Lincoln & Guba, 1985).

Transferability

In qualitative research, transferability relates to elucidating that findings have applicability in contexts beyond those included in a research study. The results section includes thick descriptions, or employing sufficient detail to allow conclusions to be drawn related to other times, settings, situations, and people (Lincoln & Guba, 1985).

Dependability

Dependability is how qualitative researchers show that findings are consistent and could be replicated. This was achieved through the use of three inquiry audits (Lincoln & Guba, 1985). The initial use of the inquiry audit involved a dissertation committee member reviewing the first interview transcript with the researcher to establish the initial codebook. A second form of inquiry audit involved a person independent of the study but knowledgeable about qualitative processes reviewing the research questions being addressed, the theoretical underpinnings of the study, and the interview guide to ensure consistency. The third stage of inquiry audit included the same external auditor reviewing the interview guide, selected portions of transcripts, and results in an effort to make sense of the analyzed data.

Confirmability

Confirmability refers to the degree to which the results are shaped by the participants rather than the researcher's interests, motivations, and biases (Lincoln & Guba, 1985). The first method of establishing credibility was the development of an audit trail, which served as a transparent description of the steps and decisions that were made relative to the data. The audit trail for this study included each step of the coding process along with field notes from each interview; this helped to describe and define each code during the axial and selective coding process. A second, and related, means of building confirmability was for the researcher to maintain a reflexive journal throughout the study (Lincoln & Guba, 1985). This provided a private space to record methodological decisions, the rationale for the decisions, and to reflect on events and findings in relation to the researcher's personal values, interests, and biases.

Summary

This chapter has presented details related to the proposed mixed methods embedded design, including reasons why it was appropriate for the current study and strengths and weaknesses inherent to the proposed design. Data management, involving ethical considerations, procedures for data collection and data handling were explained. This chapter detailed the analysis procedures utilized and addressed how trustworthiness was established. Finally, the central assumptions and limitations of the proposed study design were presented.

Chapter Four: Results

The goal of this mixed methods embedded design study was to gain an understanding of the ways in which occupational therapy leaders perceive and experience leadership. Further, the researcher explored the ways occupational therapy leaders considered leadership in relation to their role as occupational therapists. Participants who held formal occupational therapy leadership positions were asked to describe how they implicitly and explicitly utilized their professional training as occupational therapists in their practice of leadership.

This chapter includes the results of the analysis of the twelve initial interview transcriptions, the shared leadership artifacts, the six secondary interviews, and a comprehensive analysis of all the data related to the current study. The data are presented narratively with participant quotes that serve as exemplars of the themes and subthemes interspersed to support and clarify the analysis process.

Analysis of Interview #1

The analysis process set forth by Cohen, Kahn, & Steeves (2000) was applied to the twelve interview transcriptions from the first round of interviews in order to understand the shared lived experiences of the participants as related to leadership. Table 1 shows a visual representation of the themes, sub-themes, and label developed from the transcriptions.

Theme	Sub-Themes
Leadership Journey	Molded by Mentors
	Wanderlust
	When a Leader is a Leader
Leadership Deconstructed	Leadership Traits
	Professional Training
	Distinctions between Leader and Leadership
	Leadership as Role vs Occupation
Personal Approach to Leadership	How They View Leadership

Table 1: Interview #1 Themes

Leadership journey

As part of the initial round of interviews, all participants shared anecdotes about the path that led them to their current leadership position. While the individual paths were unique, there were two common factors that were consistently discussed. The first was that the participants all described a sense of internal motivation.

Chuck described leadership as being a compass of sorts that guides practitioners to their path:

I think, on the other hand, you create those opportunities, too. Um, so I think people who are going to be leaders, um, and who want to or are going to be leaders are drawn to leadership activities and will sort of position themselves that way. And, then, by doing so they, they're afforded more opportunities.

Becky described the initial steps along her leadership path as being directly related to the combination of intrinsic drive and her occupational therapy training

I don't feel like I really came into leadership because of my own strengths necessarily. I feel like I had a good work ethic for one, but two because I was trained in OT and I really feel like those were the reasons I succeeded in that I did address it from that frame- well, not originally. But once I realized that those skills were useful and were actually more effective, that's where I transitioned to being a leader is when I address it more from an OT perspective and less from you know based on my observations.

Doyenne shared that her motivation and drive through her leadership path predated her professional training, and stemmed from lessons learned from her upbringing:

I grew up with a single mom in a low income family, dad wasn't in the picture, domestic violence...you know so I think I always knew and I developed those characteristics that to be strong and independent you had to have good education, you had to go to college. I don't ever remember not thinking I was going to college- I always knew that's what I was doing. Yet no one in my family had ever gone to college. So, I think being a leader for me stemmed from supporting the underdog and like being an advocate for change.

The second factor that was commonly discussed was that the leadership journeys involved more than single steps, often involving both intrinsic drive and external recognition of skills and abilities. Drea recounted:

A lot of OTs find leadership very early in their career. We get tapped to do things, like you did and like I did, at a recent graduate level. And I think it's because that's what we want to do. So it seems natural that you want to lead your colleagues or help move things forward.

Eve, Iris, Juno, and Theresa discussed similar early steps on their paths to leadership that began with elected or appointed leadership positions in student organizations while still in college. Their experiences spanned either forming the organizations or serving in leadership roles throughout their college careers. The leadership journeys of Anita, Becky, Jennifer, Kate, and Ruth commenced soon after entering the workforce. Regardless of the timing of the first step towards leadership, the initial step towards becoming a leader is intentional. Chuck summed this up by stating "I think you can be in the right place at the right time, and the doors can open. But, if you don't walk through them, you're missing out on that opportunity." For the participants in this study, the subthemes along the leadership journey related to the influence of mentors on decisions or opportunities, the sense of never being satisfied with their current location on the metaphorical leadership map, and the realization that becoming a leader is more about the journey itself than the destination.

Molded by mentors. On the path to leadership, mentors served as equal parts tour guide to point out the substantial aspects of leadership that should not be missed on the journey and navigational aide, similar to a GPS narration, but rather than reciting 'turn left at the next street' mentors presented potential opportunities to the leaders such as 'I heard about an open position in the state association I think you would be perfect for.' While all of the participants seized an opportunity to initiate their leadership journey, various mentors overtly presented opportunities that may not have been available otherwise. Eve's leadership journey was "driven by an amazing set of mentors who put faith in me, and I felt like I kind of owed it to people who were willing to put their time and invest their energy in me to see things through." Chuck further

explicated this sense of obligation as “having that mentor has also helped me provide mentorship to others. I think that a good mentor can learn in those situations from being a mentor as much as they can by being a mentee”.

Eve equated her experiences with mentorship with sustainability in leadership in that “every leader is always looking for their replacement and that is something that I want to do as well. I am always looking for who can take this off my plate and do this even better than me.” This view of mentorship was echoed by Anita, who stated that mentoring is “kind of what helps develop leadership in a sense. And those two are very connected. If we don’t have mentors in the field, we’ll certainly have a lack of leaders in the future.” Theresa expressed that she viewed mentorship “as part of leadership because I believe that leadership is about serving, serving the group to reach a goal. And that is how you make it sustainable.” Jennifer recognized the benefits of her mentorship experiences and indicated her plans to pay it forward to the next wave of occupational therapy leaders:

I wanted to give back to all those who had taught me. I feel like we always have more to learn but I felt like I had learned so much that I could teach it back and not just in a clinical setting but also you know, challenge myself.

When making this comment, Jennifer took identifying opportunities for other practitioners and using her energies to position them to become leaders in the field as a personal challenge.

The participants in this study not only found opportunities through their mentors, they expressed that mentors helped them develop specific skills used throughout their careers. Iris discussed a mutually beneficial mentoring relationship where she imparted clinical knowledge to her area Vice President while gleaning insight into the financial side of the rehabilitation business. Two mentors imparted distinct skills to Juno; one “taught me to not be afraid to think” while the other “taught me to take risks in my thinking; um, not be bound by, by any of the

boundaries I learned from school.” Kate also utilized the wisdom of two mentors as she learned the art of Socratic questioning from an early mentor and the benefits of succession planning from a second mentor. Alternatively, Doyenne expressed a unique mentoring experience:

I learned everything that I never want to be as a leader (laughter). So we think of mentors as being a good thing, and I agree that they are, but in some capacity whether you want to call her a mentor or not, she kind of helped lead me into ‘what doesn’t work’ or what might not work as effectively.

Whether born from an intrinsic drive or by an extension of the opportunities and skills imparted by their mentors, the participants in this study exuded the quality of continually seeking the next destination in their journey as professionals and as leaders.

Wanderlust. The second subtheme related to the participants never being completely satisfied with where they were on their professional journey. This sense of seeking the next stop on the journey, essentially a constant push for self-improvement, stemmed from a desire to mutually advance organizations as well as the profession of occupational therapy. The participants spoke of intentional decisions and actions that would garner “a bigger seat at the table...because there’s always something bigger that you’re working towards.” Doyenne stated that this approach is born from “not really being satisfied with either what you know, what you’re doing, or where you’re at and always looking to grow more.”

Each participant discussed the sequential career steps taken along their path to leadership positions. Becky began her career as an OTA and quickly transitioned into director of rehabilitation positions within a facility and then as a regional director. She made the decision to forego earning her master’s degree to focus on growing her skills as a leader:

I had been accepted into Findlay to go ahead and do the bridge program to go ahead and be an OTR. I felt, and am still confident that I made the right decision. I felt like the opportunity I had in management may not always be there but I always have the opportunity to pursue my education.

Kate was selected as the team leader of an occupational therapy department and was recruited to become an assistant director of an inpatient therapy department. One of her mentors pushed her to become more active in her state association where she served in a variety of roles until she was elected to serve as the president of the association for two terms. Her most recent role was as the chair of the state political action committee. Jennifer practiced clinically for four years, opened her own clinic, achieved her specialty certification as a Certified Hand Therapist, became chair of the American Society for Hand Therapy's Practice Commission, and was named a supervisor of a pain rehabilitation clinic overseeing both occupational and physical therapists.

While each participant described a gradual career progression, the motivation to continue to grow was not limited to formal titles; many sought additional means of promoting the work they and their teams have done. Jennifer "coordinated a diverse group of OTs and PTs in different settings and who were geographically diverse but that were all hand therapists to create two white papers for our society. And we won a Presidential Award for that." Theresa's work as chair of a diversity coalition led to multiple presentations at the 2017 American Occupational Therapy Association Conference and Expo:

We'll have a short course with an updated tool kit. We have a poster on, uh, Evidence Based Community Outreach. We have a poster of Field Work for our students with disabilities. Um, we have a short course on Working with Spanish Speaking Populations in going abroad. And I think that is it.

Becky has also worked to get her clinical team to present their work, and the distinct role of occupational therapy in pain management at a state conference on fall prevention and a regional pain week conference.

I see my role in going forward in leadership, I would really like to have more of an impact with advocacy and so well actually we've been asked and will be submitting to do a proposal to present at Pain Week with occupational therapy, what our role can be in a multidisciplinary team um with the benefits of using an OTR. We also have already

committed and will be doing that to the Tennessee Pain Society. Um, so I see my role as advocacy.

Whether taking steps along their career paths or sharing the work being done in their respective organizations, all of these actions were intentional. As Anita stated, once leaders make these decisions “it just kind of, it sort of felt like a snowball effect- it just kept rolling and rolling and rolling. And if you just keep saying yes to those needs, certain doors open.” Moving along a professional path begins with both seeking and accepting opportunities as they present themselves. Eve stated that:

Saying yes has allowed me to grow in ways that ‘No’ could have never. It’s not like I’ve never said no, there are definitely been times but when that random opportunity that kind of creates that little feeling of I feel like ‘this one, I don’t think I can walk away from this one’- trusting that feeling and going with it...I don’t know maybe I’m just crazy, maybe I just say yes to the jobs other people don’t want.

When a leader is a leader. This subtheme alluded to a reflective point in time when the participants could definitively state ‘I am a leader’; for some this was reaching a specific stop on the journey, for others it was akin to looking back on the obstacles and accomplishments.

Despite the achievements earned and leadership positions attained, there were distinctions as to when the participants identified themselves as leaders. Some, like Ruth, described feeling like a leader when “I started at the Intermediate Unit as a staff therapist and when I took the position” as the supervisor. Similarly, Jennifer identified as a leader:

When I applied for this supervisor position I definitely already felt like a leader. But it wasn’t until I was a supervisor that I really started taking more leadership training and realizing in hindsight I always thought of myself as a leader I just never really named it.

Iris expressed a similar experience that preceded her career as an occupational therapist:

I would say even in college I felt more, like, in that leadership role. Folks always joked that I was a fixer. That if there was a problem or a crisis you go see Iris (laughs). And, so, I think I assumed that leadership kind of a role very early on in my collegiate career, and then, it’s just been one of those things that followed me through my professional career.

Other participants did not readily identify as leaders and discussed needing external validation or accomplishments to see themselves as a leader. Despite being an assistant administrator at a skilled nursing facility, Doyenne viewed a leader as perpetually being someone else, “there’s always this bigger echelon... there’s always a bigger seat to be more impactful in change.” Anita stepped into the vacated role of state association president within her first year as a clinician but “I don’t think I felt like a leader until like a year and a half after. I felt, I just felt kind of like I was just part of a team, and I didn’t self-identify as a leader.” While Theresa has chaired a diversity coalition for four years, “I’d say in the last two years perhaps I’m starting to feel more confident in that role.”

Two of the most experienced therapists that were interviewed shared interesting takes on their leadership identity. Juno had over 20 years of formal leadership experience in both clinical and academic settings, an initial response when asked when she felt like a leader was “I’m not sure I even feel that way today!” After additional discussion where she shared being actively recruited for academic leadership positions, Juno stated that she finally “started to feel like a leader when we got our research doctoral program through” the curriculum process; this program was approved within the last ten years, but she held formal leadership positions since the 1980’s. Kate recounted stories from her career spanning over 30 years, she also had multiple formal and volunteer leadership positions within both clinical sites and her state association:

I had several ‘jobs’ in which I was the leader or people would say I was ‘the boss’. It wasn’t really until I assumed the presidency of POTA that I thought, ‘holy crap, I’m a leader’! And much of that was based on people telling me that, you know. ‘Do you see what you did?’

Collectively these leaders seemed to rely on external validation or acknowledgement of their accomplishments more than viewing the role or title as implying leadership.

Leadership Deconstructed

Leadership deconstructed conjures the image of an incomplete puzzle where each piece is clearly separate and visible on a surface; each can be viewed individually but the whole picture is not clear until the pieces are assembled. This theme addressed how the participants described the essential components of leadership and includes sub-themes of leadership traits, connections between occupational therapy training and the practice of leadership, distinctions between leader and leadership, and whether they viewed leadership as a role or an occupation. Fittingly, Anita stated that leadership “is hard to describe and define.” Although the participants in this study all held formal leadership positions, they held to the belief that leadership can take place in any position. Despite the lack of a consensus definition of leadership, there were a number of commonalities in the way this construct was described. The four main ways leadership was described by participants included leadership involving a vision or aim, more general descriptions of leadership, leadership being focused on the success of others, and a metaphorical sense of positioning.

A common point of discussion was equating leadership to having a long-range vision and working to connect people with an understanding of goals and intentions of the leader and organization. Within this understanding of leadership, a leader is anyone who leads towards a vision. Anita associated an initial step in leadership to laying the path towards the vision, in other words making the steps necessary in achieving the vision tangible. Chuck and Juno likened leadership to maintaining an eagle eye view of an organization or group and communicating everything that is expected to those who help to enact that vision. Juno went on to state that she makes her vision and expectations clear so that her faculty share both the

departmental vision and also the motivation to achieve that vision. In Chuck's words, leadership:

Is more around being able to see sort of a long-range vision of something, whatever that may be, if it's a program or a practice area or a department, and being able to not only come up with some of the plans to achieve it, but also to inspire the passion and mobilize others to participate in that.

While the first conceptualization of leadership focused solely on the vision, a number of leaders portrayed leadership in a more general fashion. Anita and Kate discussed leadership as recognizing a need within an organization or group and making the intentional decision to fill that need. Anita, Theresa, and Jennifer all completed the AOTA Emerging Leaders Program and stated that leadership entails actions and decisions that are consistent with their personal core values. Consistency between beliefs and actions demonstrates authenticity and, as Drea stated, is a means of "getting other people to follow your lead and do the things that they do not want to do, with a smile on their face." Leadership to Becky and Kate paralleled occupational therapy's focus of improving quality of life. Becky summed up this viewpoint by stating:

In overall leadership roles, I think an OT's job is to not determine someone's expectations or to tell someone what they should be doing. Our whole job is to improve an individual's quality of life in their context considering their values and their beliefs and you know looking at their motivations as OTs. Isn't that what leadership is? We need to understand the values of our group, we need to understand the beliefs of our group um, we need to understand the context in which they're trying to operate and achieve these things as well as doing that same thing with organizations.

The third manner the participants described leadership was related to the empowering of others. The participants discussed a number of ways they sought to enable or empower others. Becky and Jennifer attempt to lead by example as a means of guiding their teams; this allows them to demonstrate the behaviors and performance that is expected. Ruth, Eve, and Doyenne utilize program development as their method of guiding people. Eve stated that:

My goal is that every single member of my staff feels that they have at least one unique area that they contribute to our business. And I tell them all the time: 'Tell me what it is-

tell me what it is and I'll coordinate it, I'll make it happen. If it's within my power I'll make it happen.' And that's why I think that passion and that drive and that initiative and that responsibility all come together."

The participants described the positioning of leadership in metaphorical and literal ways. Participants reflected on the metaphoric positioning of a leader in relation to either followers or to the work that needs to be completed. The collective discussion held that leaders help move others and organizations forward. Although the term 'leader' denotes being at the forefront, the participants in this study collectively described a leader's position as being in the middle of the group facilitating or more towards the back of the group trying to drive the group towards collective success. The literal discussion pertained to whether the holding of specific positions entailed leadership. While managers or supervisors hold positions of authority, leaders were thought to hold more respect among staff therapists. The discrepancy between managers and leaders was also explained in terms of training required, as the aspects of management, such as budgeting and staffing, were thought to be easier to teach when compared with many of the qualities of leadership. Jennifer shared that she finds it challenging to hold a volunteer leadership position because

You don't have a formal title or paid position so you really have to rely on your leadership abilities versus a title. Also what's different is leading volunteers is kind of like herding cats so there's no incentive for them to get the work done so you have to be a little bit more motivating, be able to sell what you're doing more; whereas I think in a more formal leadership role there's sometimes it's easier because you have that formal title and there's a, there's consequences if people don't follow you."

Leadership traits. The first subtheme within the theme of leadership deconstructed, leadership traits, entailed the essential component skills for completing the puzzle of leadership. Throughout the initial round of interviews, the participants described the discrete characteristics, skills, or attributes that participants felt leaders must possess or employ in order to develop and

enhance working relationships. The principle leadership traits discussed included establishing relationships, communication, approachability, and having an awareness of others.

Establishing relationships. Establishing relationships was viewed as the basis for developing a sense of team. These relationships were built in two distinct ways, at the collective level to advance the team or organization and on a one-to-one basis in order to develop individual members of the team. Because the aim of leadership included guiding a group of people and building community, an understanding of group dynamics was deemed necessary. An example of this was when Chuck recognized that his staff were firmly against a proposed OT doctoral residency program; he utilized a series of town hall style meetings run in conjunction with the partner school to discuss the pros and cons of the program and to alleviate concerns of the staff.

Drea recognized that the team she took over had never had routine meetings as a team. An initial action step was to bring everyone on the team together once a month to discuss progress towards unit goals; she later implemented a year in review meeting where the collective progress throughout the year was discussed as a means of celebrating the accomplishments and efforts of the entire team. Beyond finding ways to work cohesively as a group, team building also included building individual members of a team through helping them to find the answers, but not giving the answer.

Building and maintaining one-to-one relationships was viewed by some participants as more important than initially focusing on group dynamics because team members needed to first feel confident that their performance and effort was recognized and appreciated. Many leaders found ways to get to know each person on an individual level and to recognize the most effective approach each staff member. For Eve:

The way that I approach each of my staff is very different based on their personality and how they receive me; how they receive information, whether they are those individuals who want you to kind of isolate them or those people who would rather you talk to them in a group. Knowing the people you need to go to their turf and the people you can bring to your turf. I try to know that and I try to read those responses very well so that when I communicate with each of them, I'm meeting them on their level instead of asking them to come to mine.

Communication. The characteristic or skill that was most frequently discussed by the participants related to discrete styles, forms, and timeliness of communication. The participants described striving to be open and communicative in order to both talk to people and listening to needs in order to connect interested parties. A second aim of communication was on providing clear expectations. When expectations were not clear people do not feel comfortable or secure. Drea met her followers' need for security by providing clear and up front examples of expectations, which then allowed them to work towards higher levels within Maslow's hierarchy of needs.

The discussion regarding communication included the previously stated aims of interaction but also the style with which the leaders communicated. One of these methods was reflective listening, where leader has the responsibility to ensure that the person has understood what was stated and that the leader has heard the other side correctly. Kate referred to this as 'check-back' where she continues to ask clarifying questions until any potential miscommunications are cleared up. Drea voiced two communication styles she has found beneficial. The first was to utilize purposeful silence in her team meetings to empower others to ask questions or voice concerns; the second is a response to questions from her staff, she does not allow them to say "I do not know what to do." Her mindset is that all of her staff therapists are graduates of master's degree programs and they know something; she requires them to gather facts, relay them to her, present their potential solutions, and she works to hone in on the best approach for a given situation.

I really think that the crux of almost anything is around communication and we probably don't spend enough time around communication. Um, and I think it, we see it now more than ever even in the digital age how quickly communication can devolve or be misinterpreted. Um, so, I think, I think that's a big thing.

Approachability. Participants discussed being approachable as a trait enacted by 'good' leaders. Behaviors thought to exemplify approachability included being open to receiving feedback rather than always giving feedback and fostering discussions and meetings on the terms and availability of staff. Examples of being accessible included having an open-door policy and recognizing that part of the responsibility that is accepted with leadership positions is being available around the clock. Jennifer shared that she utilizes storytelling to develop openness and trust, "I'll try to share a story that shares some of my vulnerability or maybe some of my failures to help coach them through or help them to open up and solve a problem together." Doyenne oversaw therapy services in multiple buildings and always made it a point to do her work where the staff documented rather than in a closed office so she could address any concerns right away. Theresa shared that the tight knit nature of occupational therapy itself lends itself to approachability, which can be traced to leaders at the highest levels in our field:

You're not just going to go shake hands with Barrack Obama because you feel like it. But Ginny Stoffel is accessible. Amy Lamb is accessible and you can go to conference and you could meet them. So it's understanding that you have the potential to be a leader in our field.

Awareness of others. A fourth leadership trait the participants expounded on was having an awareness of the skills, needs, and barriers of others. An aspect of this form of recognition was interpersonal where new, or young, leaders were clear in their respect for the experience and skill level of their followers. Eve stated that "at no point do I ever want to disrespect the fact that another individual has so many more years of practice experience than I do life experience." This appreciation extended into leadership approaches used; Drea understood that her staff did not want to be micromanaged, which she viewed as being a barrier. Her aim is to remove

barriers and obstacles to performance, not put more in front of her team. A second form of awareness of others included recognizing the personal and family situations of others.

Participants equated this personal awareness with having emotional intelligence. A positive benefit of personal awareness was that understanding the personal side of a team member's story leads to a sense of mutual trust. Examples of gaining an understanding of people included learning the names of spouses and children and recognizing that performance issues may be related to outside time constraints such as relocation, divorce, child care issues. Doyenne's approach is:

To get to know people's stories without getting too personal. I feel like when you understand someone and what their perspectives and their values are and what your goals are, it really helps you kind of understand where- if I'm thinking strategically in a business sense...I went to school to be an OT to help people but if I start to really dig in and find that out. What are they really interested in? What or where do they need me to support them in order to build their skillset?

Professional training. This subtheme of leadership deconstructed related to the relationship of the participants' roles and their education and previous job experiences; this equates to how a person's observations of others completing puzzles informs their personal process, some complete the entire border and work to fill the middle and others may start at corners and gradually add both edge and center pieces. Throughout the initial round of interviews, the participants expressed overt connections between their professional training as occupational therapists and their practice of leadership. As one participant stated, "OT prepares us to be leaders. I think that the very skills that we learn as clinicians are the same skills required from a leader." While a variety of parallel skills were discussed, four stood out as being referenced by multiple participants.

A therapeutic skill directly connected with participants' practice of leadership and thought to be essential to 'good' leadership was to establish a therapeutic relationship by sharing

personal stories with their teams. Leaders can utilize therapeutic use of self in order to bring out the best in their team members. Therapeutic use of self involves a practitioner's intuitive awareness and utilization of personality traits, previous experiences, and understanding of human behavior to foster meaningful experiences for clients (Tufano, 2014). Additional applications of the use of self included active listening and storytelling. Becky discussed this as:

If you look at the therapeutic relationship, it's very consistent with hopefully what a supervisor um supervisee or a leader/leading relationship would be. I feel like a leader should be able to coach a group and to be a facilitator instead of a director.

Throughout the interview process, the leaders overtly described aspects of the occupational therapy process as being included in their approach to leadership. Two participants described striving to develop occupational profiles with those they lead by getting to know them, their goals, and their interests on a personal level. An occupational profile has been described as the initial step in the therapy process where the occupational therapist gains an understanding of the history and experiences of the client as well as their patterns of life and reasons for seeking therapy services (AOTA, 2014). Other leaders engaged in assessment at the individual level to determine specific areas of comfort and competency to address as well as at the group level to better understand the values and beliefs of their team; these steps were taken to understand and improve the context in which the participants were trying to operate. The participants also established goals for individuals and groups within their team that included follow up, in Kate's words:

I'm not sure the process is that significantly different, um either in a professional organization or with students, or with a bunch of therapists. Here's where we need to be, what kind of steps or actions do we need to take to get there? Who's the best person to, or who's the best person or people to be engaged in each of these steps and you know just kind of work backwards...and re-evaluating the action plan along the way because I think that if you don't re-evaluate on an ongoing, constant basis you have the potential to be going down the wrong path and not know it- until you don't get to the goal. So that re-evaluation part.

A third overt connection between the practice of occupational therapy and that of leadership related to the leaders' underlying theory and thought process. Due to the ever-evolving state of healthcare, two leaders specified that working from a systems theory approach is imperative in leadership. Systems theory holds that every action and decision is going to have an influence on something else; this mindset led one participant to express that "I honestly believe that you cannot be a good OT, a good practitioner, if you're not a systems thinker. And that's how I feel about leadership." The systems theory forms a basis for a number of occupation-based models of practice that are utilized in practice. These models of practice can include distinct connections between people, tasks to the accomplished, and the context in which they are completed; this inter-relationship has been expressed as the person-environment-occupation fit. Kate voiced:

I think that that whole person-environment-occupation "fit" is similar. You know, you can't come up with strategies that aren't going to work in this organization; they're not going to fit. So here are the parameters that we're working under what will 'fit' in this organization and what will 'fit' with these people that we're working with here. I think that the whole concept of having a dynamic, fluid, ever changing, ever open to change trajectory is an important one. You know we tell students that you develop a treatment plan but that you're always evaluating that treatment plan- it's a dynamic plan. It has to change because the patient's going to change. And I think the same is true in leadership, you know if you are not cognizant of the fact that circumstances and people and things change, you're going to potentially be on this path that now has no relevance. Um, so you know being mindful and being aware of those kinds of things.

The fourth form of occupational therapy knowledge found to be effective in leadership situations was more practical in nature. The participants expressed that the skills inherent to activity analysis are helpful in leadership situations. Activity analysis is an active cognitive process that allows a therapist to assess a task in order to identify the specific steps involved, any tools or equipment necessary, environmental effects on task completion, as well as any pressing safety concerns (AOTA, 2014). Breaking things down to look at all aspects of someone was

thought to provide a balance to some of the more soft, interpersonal leadership skills. As

Jennifer stated,

Activity analysis really helps to understand a process that somebody is going through, so really being able to break down the steps of something and determine where the barriers are located. You know, I find I feel like my role as a leader is often to remove barriers for staff to make their job better or easier. If you can break down an activity into small parts, it's often easier to find the barriers.

Distinctions between leader and leadership. This subtheme of leadership deconstructed conveyed the differences between a leader and leadership. Relating this subtheme to the puzzle of leadership involves considering edge pieces as leaders based on the way they guide puzzle completion and center pieces representing leadership as the overall leadership picture cannot be understood by only considering the leader, or edge pieces. The term leader was clarified as being a person, a title, or linguistically as more of a noun; the explanation of leadership as a construct was stated to be more action-oriented and was thus depicted as a verb. The participants' portrayal of leadership included facilitation of a team, creating a shared vision, enabling others to achieve, fostering success, and serving the needs of a team or organization. While Chuck described leadership as a conceptual framework that allows for appraisal of the situation, the context, and the other people; Theresa's comments concisely reflect the notion of person versus action:

I view them as different things because people can be identified as a leader, but not necessarily be exemplifying qualities of leadership. I can even think of specific people in my life that are leaders, but that doesn't mean that they are effective leaders. So, I think that leadership is when you demonstrate those effective qualities that bring a team together. Or whatever group of people that you were leading. There's plenty of people that are leaders. And there are plenty of people that are not identified as leaders, but exemplify those leadership qualities. And then some, I think, leader is kind of the title, but leadership is being able to help a group of people accomplish a goal in whatever means they do that.

Role versus occupation. Among the participants, there was a lack of agreement on terminology as to whether leadership was a role or an occupation; in regards to the theme of

leadership deconstructed, this lack of agreement is similar to whether a puzzle is a play activity or mental challenge. During this round of interviews, three participants discussed leadership as an occupation, six described it as a role, and three did not clearly state role or occupation even with additional follow up questions. Theresa defined the occupation of leadership as “looking at the individuals that I’m leading to understand what they do in their everyday life and then maximizing that skillset for the group.” Anita and Eve viewed leadership as an occupation because leadership seemed more complex than a role. Other participants viewed leadership as more of a role than an occupation as it didn’t seem to stand alone as an occupation. Iris indicated that leadership was more of a role and management tasks were more of her leadership occupations. Chuck viewed leadership as a role because the construct of leadership “doesn’t fit neatly in any of the categories necessarily of the OT Practice Framework.” Juno, Ruth, Jennifer, and Drea all indicated that leadership was a role that a person holds. Additional discussion with leaders indicated that within the role of being a leader there exist discrete leadership occupations such as leading a faculty meeting, scheduling, or developing a new service line for a unit or team. A portion of this conversation with Anita (Anita- A:, Scott- S):

A: It’s a good question. Um, I guess I would err on the side of, I think it’s an occupation. And I think it’s more complex than a role.

S: Let me rephrase and see if I can get you to expand on that in a different way. Using those terms like you just did- would you say that the noun, the position itself, is a role and the verb and the doing is the occupation?

A: I think so, I think that defines it well and interprets what I am saying very well. I think that the noun is the role. We kind of describe it as ‘you’re a mother’ ‘you’re a parent’ ‘you’re a sibling’. And people say ‘I’m a leader’, which it certainly is, I think it is a role that people fill but I think the act of leadership is more the occupation and the doing versus just the title. Yeah.

Personal Approach to Leadership

An element of the initial interviews included the participants describing their personal styles or approaches to leadership in specific situations. These responses fell along a clear divide between approaches that were clearly related to leadership literature and those that were not defined and were more personalized or ‘home-grown’. Interestingly those participants who participated in either of AOTA’s leadership programs were not the same ones who employed clearly defined leadership approaches. Regardless of the approach employed, each of the participants felt compelled to always grow, learn, and develop as leaders.

How they view leadership. For those who employed leadership approaches overtly linked to leadership literature, four main approaches were discussed. Anita, Eve, and Jennifer explicitly stated that they aim to embody and act from a servant leadership perspective; this helped them realize that leadership is not about them, they discussed working to serve the needs of those they lead. Anita also drew on aspects of transformational leadership as she views her role as inspiring and motivating others. Theresa described elements of authentic leadership by staying simultaneously genuine to who she is as a person and consistent with her core values when making leadership decisions. Drea was introduced to the ADKAR model during her organizational leadership coursework, she employs this leadership model to determine how a person responds to a situation; the description of this model roughly parallels the Situational Leadership approach discussed in Chapter 2.

From the descriptions of leadership approaches that were not linked to leadership literature, four main styles were discussed. The first was described as being an information gatherer; this approach helped Chuck, Doyenne, and Ruth to thoroughly understand situations before acting as it allowed them gather facts from both. A stated negative to this style of

leadership is that it tends to be slower, which some participants acknowledged could frustrate other people. An approach Kate and Eve used to build a sense of community was to employ a participatory or collaborative style of leadership. The focus of these leaders was on communication sharing responsibility. Iris led through flexibility; this entailed varying her style based the group being led and their group dynamics. The remaining leadership approach was that of being a systems thinker; Juno described that she routinely pulls from her training as an occupational therapist to address needs of her staff, the things that need to be completed, and the context within which they are working.

Analysis of Leadership Artifacts

Once participants agreed to take part in the second round of interviews, they were asked to share leadership artifacts that reflected how the leadership approach that was discussed in the first interview was enacted. The shared artifacts included a variety of file formats: Chuck and Becky sent images from their work settings, Eve forwarded three de-identified emails depicting distinct events she had to respond to, Anita attached four monthly newsletters from her state association, Drea and Juno each shared meeting agendas/minutes. All six participants included brief descriptions of their artifacts within the email communications, the researcher also included a question related to the artifacts within the interview guide for interview two (Appendix E). The artifacts, related descriptions, and discussion from interview two yielded 173 units of data that were analyzed using the coding frame (Table 3).

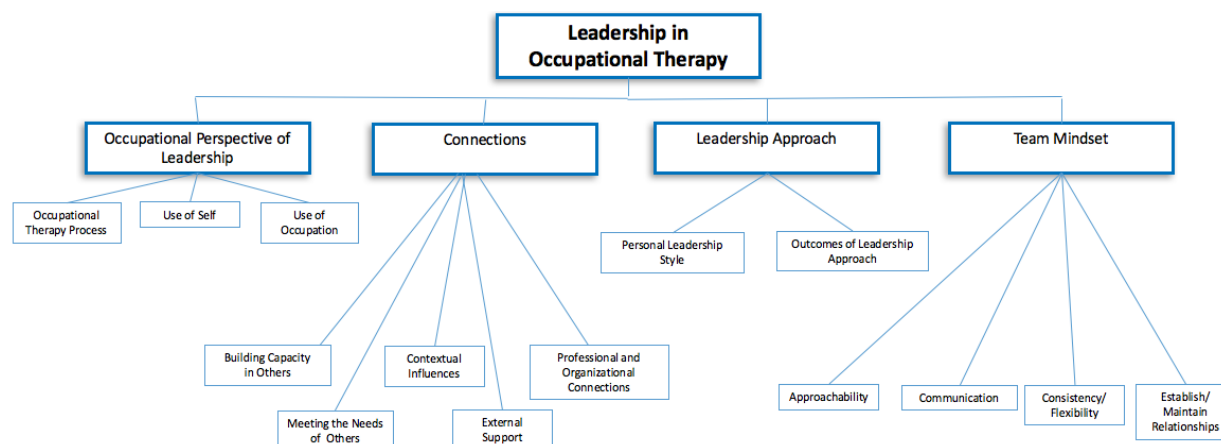


Table 3: Coding Frame

Leadership Approach

As the shared leadership artifacts represented the approach the participants described in the initial interview, the first dimension within the coding frame was leadership approach. The subcategories that fall within leadership approach included personal leadership styles and outcomes of leadership approach.

Personal leadership style. The definition used for personal leadership style included explicit descriptions of the leadership style or approach used within one's practice of leadership. Clear connections could be drawn between the participants' stated approach and the shared artifacts. Chuck's primary artifact was a photograph depicting AOTA president Virginia Stoffel visiting his facility and meeting with his occupational therapy staff. He had heard about her visiting his state through his affiliation with the state association; his intent for her visit was "to try to generate some interest and connection with AOTA, while still straddling that line of not 'forcing' people to become members." Chuck's description of his leadership style was to have a long-range view of goals and to cultivate relationships; he indicated that he "chose this because I think this demonstrates my ability to network and leverage relationships." Becky portrayed her

leadership style as being collaborative; her artifact was a photograph of a staff meeting, “that picture represents my leadership style in that you can’t really tell who’s leading the meeting.”

Drea represented her brand of leadership as “the idea that I’m the conduit that brings us together.” The meeting agendas that she shared were accompanied by a brief summary of how these reflected her style, which was to foster a sense of community or team. The first agenda was the template she used for monthly team meetings, until she took the leadership position the therapy team had never had a routine meeting time; the second agenda represented a year in review meeting that Drea used to celebrate collective accomplishments and to welcome new members into the team. Anita expressed a similar aim as she strove to embody servant leadership through building a sense of community. The monthly newsletters she shared epitomized “one thing that is real important thing to me as a leader, is the ability to try to build a sense of community, build a sense of approachability within an association, and putting yourself out there to build those relationships helps to build community and action”.

Servant leadership was also Eve’s preferred approach to leadership situations, which to her meant being a “servant to your cause.” Two of the emails that she shared embodied this approach; the first email acknowledged the efforts of the team after a day of being short-staffed, this email was time-stamped at 10:30 PM, “I don’t intentionally send out emails that late um, but I also don’t shy away from it because I’m showing my staff I’m with you. You worked hard today, and I’m still working 10:30 at night.” The second email was a daily follow up email that she sends after a three-hour meeting, to Eve this routine communication represented servant leadership not in its tone but by the fact of her attending the meeting every day:

Prior to me the staff were required to go to their own clinical rounds. It was unproductive time for the staff and it was also just a hitch in their day. Because they’re these random meeting times that are set by nursing that literally eat up two and a half hours of the day. So for any given therapist that’s anywhere from fifteen to thirty minutes they would be

sacrificing. But they had to structure their day around that meeting because that meeting is not going to budge. So when I came on, and recognizing that efficiency is one of the issues that we were battling with, and what are some of our efficiency pitfalls that we can address, I took those meetings.

Juno described the aim of her 'long-view' approach to be to make teaching and grading more efficient processes for her faculty so they had more time for clinic work and to publish. She shared the minutes from a retreat that took place in 2004; Juno pointed out that, "We're still doing that. We're still constantly looking at, you know, are you working harder or smarter? So that general theme kind of pervades much of our discussions, lots of our faculty meetings."

Outcomes of leadership approach. The definition for this subcategory involved discussion pertaining to results or effects that stemmed from the participants enacting their approaches. Chuck noted that his effort and approach,

Was certainly recognized in terms of the impact of having the national association President come for a visit with the therapy department. So there was some sort of recognition from the other disciplines, who saw the magnitude of that. Throughout our rehab department (OT, PT, SLP, Audiology), people were pretty impressed. My boss at the time, a PT, actually made a point to stop by and meet her, and commented that our department has never had an opportunity like this at the hospital.

Drea's second artifact was an email sent to her by a physical therapist from her team who had received a prestigious promotion within the organization. This email expressed the sense of connection Drea's approach fostered within her team:

Team 14 is my tribe and part of my family. I feel this silly sense of loss just moving 10 feet down the way. You are an amazing leader and role model. Thank you for taking the time to learn about me and for knowing just the right things to do or say. I marvel at the way you came in, earned our trust, pulled out the best in each of us and somehow got us all flying in the same direction at full speed.

Anita recounted how she met with members of her state association after sending monthly newsletters, "people kind of recognized my name, or some of the personal communication and stories that I had" which led them to engage with the association more. Juno and her faculty's efforts towards efficiency included teaching, grading, and:

How we were doing research as well. That really changed the productivity level of our faculty. I mean we had faculty members who were turning out article after article and getting published. That is just mind boggling in many respects. And a lot of it is because we have figured out enough of a way to really preserve that scholarly productivity time.

Eve initially recounted a negative outcome reflecting on an email she sent after having to fire a long-term employee; she stated, “it’s hard to feel like a servant leader when you let one of your staff go.” Despite this initial negative outlook, the tone and wording contained in that email exuded the servant leadership approach by providing the rationale from administration that necessitated the move, expressing the constant state of change within healthcare, and by expressing her own sense of loss related to the move. Eve’s boss was the first to respond to the email, “and thanked me for sharing it and made herself available, put out her phone number if any staff wanted to call, just letting them know that this decision came from even higher up than she is.”

Team Mindset

While leadership approach discussed the style or decision-making process employed by the participants, team mindset relates to the long-term goal each participant had for their unit or organization. This dimension included all instances when a participant discussed working towards cohesion or overall unity within their respective groups. The subcategories that comprise this dimension included approachability, communication, consistency and flexibility, and establish and maintain relationships.

Approachability. This subcategory related to being open to discussions and meetings with team members on their preferred terms and availability. An email from one of Drea’s staff therapists included an implicit reference to Drea’s approachability; the staff member had recently completed a continuing education course and requested Drea to walk her through the reimbursement process. This request showed that the therapist was familiar with Drea and her

leadership style enough to know that she could make a request by email that would be followed through by Drea. Eve demonstrated her approachability through the phrasing of an email to her team letting them know about a staffing change, she indicated that her “door is always open to listen to each of you and to maintain transparency with daily business, as this department belongs to all of us as a collective team. Again, if you have any questions, comments, or concerns, I am happy to address these with you.” Anita’s artifacts and description reflected a third example of a leader being approachable. She viewed her duty as state association president to greet members and update them on association business; the method she used to convey that message was to share personal stories in her welcome notes as “sharing my personal experiences helps to kind of bridge that gap” between the president and members.

Communication. The subcategory of communication refers to discrete styles, targets, and timelines of interaction. For example, each of Anita’s monthly newsletters were the same form of communication, but her message differed month to month; the initial newsletter foretold of a busy time planning for the state conference, the second offered recognition for a collaborative backpack awareness campaign, the third depicted the association’s outlook on state budget changes, and Anita used the last to reflect on reasons to be thankful to be an occupational therapist as this newsletter coincided with occupational therapy month. In a similar fashion, the minutes from Drea’s year-in-review meeting included outcomes of a CARF survey on their unit as well as a point of discussion to both welcome new staff members while thanking others as they were set to depart.

Drea indicated that she explicitly uses time within her meetings to “to look at the challenges that we’ve had to deal with, like the changes to reimbursement or changes in how we address certain things; which I know has kind of added more to our plate.” Another of her

artifacts depicted a new case review process that her team implemented. Two of her most experienced therapists were the first to present, and:

They set the bar very high and I sent them both an email saying I was so proud of you guys; you did so well. And they just beamed for like the longest time because this is not their wheelhouse.

Becky described the structure of the team meetings her artifact represented as being very informal in order to allow everyone on the team to share ideas and collectively solve problems. The three emails Eve shared each addressed a distinct topic; the first provided updates on new construction plans, the second included thanks to the entire team for helping out on a day with multiple call-ins, and the last was the previously mentioned email where Eve informed her team of a mandated staffing change. Her discussion of this two paragraph email was lengthy and she made mention of the process she took to craft the final message, which included drafting and re-drafting versions over a 45-minute period before sending on to her team.

Consistency and flexibility. The subcategory of consistency and flexibility simultaneously represented the participants' stability in the approach across different situations and the ability and willingness to adapt decision making to meet needs of their audience. As change is one of the constants within the healthcare arena, Eve expressed the need to be flexible to her team by stating "we can only adapt and roll with these changes as professionals in the healthcare industry." Anita commented on the different message contained within each artifact; each held true to her approach, which speaks "to a leadership approach that's very consistent across all of my responsibilities and leadership roles." The picture representing Becky's team meetings allowed her to comment on the consistency of the meetings in terms of the predictable content areas while also being flexible in terms of how much time was spent on each area. Drea

discussed how the comfort of consistency within her team made it difficult for a team member to accept a promotion; Drea expressed that the therapists' responsibility was:

To move out of the family, you know, and become extended family but take your skills and move on. But she said, I've got such a good gig here, everything is going so good. I said 'yep, now it's time to challenge yourself.'

Establish and maintain relationships. The fourth subcategory recounted methods of establishing and maintaining a working relationship with followers, including responses to specific situations. Chuck intentionally sought the opportunity to bring the AOTA president to talk with his team to provide them with a personal interaction with a prominent leader, but also to allow the team to hear the benefits of association membership and engagement from someone other than him. Juno's shared retreat agendas reflected a different approach with the same end goal; she allowed the retreat agendas to be authored by her faculty, which allowed their time to be devoted to the issues the team found most pressing.

Anita stated that one of her aims as state association president was to foster a sense of community. Throughout the welcome notes across her four shared newsletters Anita lightheartedly welcomed the babies of two state officers as future members of the association, introduced the next state president to the members, and expressed thanks to the conference planning committee and editors of the newsletter. The emails that Eve shared also focused on her team banding together in different ways. Eve expressed gratitude to her team after they showed teamwork and commitment to their residents when short-staffed and also called for the team to band together to collectively cope with a staffing change. Drea used her end-of-year meeting to celebrate the accomplishments of the team and to reiterate her team mantra of "It's ok...it will all work out. Keep an open mind and ask questions. Stick together." To Drea, this concept of sticking together was important as "it encourages the team to set goals together so we all head in a similar direction and pool our resources towards things that are meaningful to us."

Connections

Team mindset addressed interpersonal relations within a team or unit, the third dimension the coding frame, connections, included descriptions of working relationships within and outside the participants' immediate employer contexts. The subcategories contained within this dimension were building capacity in others, meeting the needs of others, contextual influences, external support, and professional and organizational connections.

Building capacity in others. This subcategory consisted of references to the various methods the participants utilized to develop leadership competence in other members of their team. A line item on Juno's shared retreat minutes focused on faculty finding time within the curriculum to allow students to promote the profession of occupational therapy in various ways across campus, while this was a discussion by the faculty it was aimed at developing the leadership skills of advocacy and promotion for the students in Juno's program. Drea's team held the collective goal to take part in professional presentations more frequently; to meet that aim, the structure Drea formulated for the journal based case reports required team members to be organized, structured, follow APA formatting, and concisely state their main points.

Eve utilized daily emails to communicate with her team members, line items expressed in all capital letters are the pieces she requires follow up on- these can be screens, evaluations, or meeting attendance. Her team members were encouraged to take on leadership roles through this and by assuming responsibility for aspects of other team member's roles when short staffed. In Eve's words:

I trust them and I kind of throw it out there all times of day to say you have capacity to make decisions and if you're in a situation where you need to make one and I'm not there to help you when you think you need help, just do it and we will go with it.

Becky employed a similar mindset in her description of her team meetings as "everyone has their role at the table, and every meeting everyone has something to contribute."

Meeting the needs of others. This subcategory was comprised of ways participants explicitly work for the benefit of others, not related to leadership. Drea's stated intention behind the implementation of the case-based journal club was to foster critical thinking and to develop evidence-based practice competencies. Drea also found ways to meet the needs of individual staff therapists; a physical therapist on her team sought an internal promotion, the response from Drea was "I'm interested in this for you. You let me know how I can help you move on." Becky employed a similar mindset but expressed a more straightforward description of her artifact, "I try to prep everyone for what they're going to need to do."

Through her description of her faculty retreat minutes, Juno identified the long-range goal of having her faculty work more efficiently to decrease time pressure. Through the discussions from the two faculty retreats and the actions that resulted, the faculty identified a series of elective courses, established departmental rubrics, and altered the curricular research sequence. Eve not only expressed how her attendance at the previously mentioned meeting freed up her staff's time to be productive, but that she carried this approach to other situations; one of the emails she shared included this message to her team: "I will do whatever I can to make this day easier for you."

Contextual influences. This subcategory contained references to how the physical, virtual, or social context related to leadership. One of Juno's retreat minutes reflected the process related to beginning a research doctorate program within her university, including the constraint of only one college within the university being able to award the degree the faculty sought to grant. After deliberation, the other college agreed to enroll interested occupational therapists in one of the existing degree tracks and award the doctorate degree with a

specialization in occupational therapy. Comparably, Juno's artifacts referenced an expansion to offer a second internal degree; Juno recognized that:

In adding programs, the way budgets work, that did not automatically mean added faculty. So I knew I was going to be asking our faculty to do more, but we needed to start this ball rolling and people getting excited about what they're teaching and learning to teach.

Becky's description of the contextual influences on her team meeting related to the space being shared across all disciplines within the practice as well as the temporal layout of how frequently the meetings occurred. Drea recounted the social effect that having members of her leadership team take part in the case report had on her team's buy-in; she also described how the team changed the structure of reporting for more involved cases:

We've decided on quarterly and we've said if the person's been here for a longer period of time we're okay having more people present. Which I think decreases the fear of having to do it yourself. So we said you have to have a PT and an OT together because I didn't want PT doing it and just talking about mobility, I wanted a PT and OT together to talk about all aspects of a patient.

External support. This subcategory consisted of depictions of support or assistance from other people, not directly referencing mentoring. Chuck heard about then-AOTA president Stoffel's visit to his area through an ongoing connection with his alma mater. He had been introduced to Stoffel while a participant in the AOTA Emerging Leaders Development Program, so he was able to parley name recognition into having her accept his invitation to visit with his rehabilitation team. Juno described bringing a consultant from the provost's office as a significant step in the curricular revision her program undertook. The consultant began by asking faculty what they felt was working, what wasn't, along with what areas they wanted to initially focus efforts. The next step involved the consultant asking for:

Everybody's syllabi for every course. So people had to produce and give her stuff and she did talk about her impressions of what people were doing. Um, and she led, and she led a great discussion and, um, and a retreat, and then obviously a retreat session on our curriculum, on faculty productivity, on how to work smarter rather than harder. Those kinds of things.

Professional and organizational connections. The final subcategory within the dimension of connections included explicit references to either state/national associations or to their organization as a whole. Based on her position as a state association president, a bulk of the artifacts that comprise this subcategory stem from Anita's artifacts and discussion of her artifacts. Anita stated that her aim was to greet and update the association members; one newsletter described recent association technology purchases to become more accessible for members, another detailed conference planning updates, a third initiated a membership drive, and the last explained the association's legislative actions to implement portions of the Affordable Care Act. Chuck discussed the lack of involvement with state or national organizations:

Upon assuming my position as OT Manager, I found that a fair number of our OTs were not members of AOTA, and did not value membership, noting that they get their CEUs/PDUs from more specialty conferences, and often present at those conferences.

This early recognition led him to arrange for Stoffel's visit as she "very strongly advocates for association membership and the benefits of being an AOTA member and so it was nice from that standpoint." He indicated this was received more positively than him repeatedly pressuring staff to join and engage in professional organizations.

Occupational Perspective of Leadership

While the dimension of connections portrayed external relationships, an occupational perspective of leadership represented explicit links between the professional training of occupational therapists and the practice of leadership. This dimension involved various combinations of occupational therapy theory, leadership theory, the occupational therapy process, and the ethos, values, and ethics of occupational therapy within leadership contexts. The subcategories that comprised this dimension included the use of the occupational therapy process, the use of self, and the use of occupation.

Occupational therapy process. The first subcategory represented within this dimension relates to artifacts and discussion related to the use of the occupational therapy process within leadership decision making. Across the leadership artifacts that were shared, two main stages of this process were represented, setting goals and review of progress.

Setting goals. The artifacts from Drea and Juno demonstrated a leader setting goals for their collective team. The minutes from Drea's year-in-review meeting included a list of goals for her team for 2017; these included two physical therapy residents starting, a new program slated to begin, and multiple staff presentations. Juno discussed her long-range goal of starting a post-professional occupational therapy doctorate program. She stated that beginning this program was on her "bucket list of things she really wanted to accomplish" but did not rush her faculty into the program because when you "put a deadline on things you can actually ruin the process."

Review of progress. Both of the faculty retreat minutes that Juno shared included elements related to reviewing progress towards previous goals. One covered discussion points related to elective courses, student feedback, extra-curricular projects; the second contained an overall curriculum review, design of syllabi, and the ways specific content area was threaded throughout courses.

Use of self. This subcategory consisted of descriptions of when or how the participants intentionally utilized the therapeutic use of self in their leadership practice. Anita's portrayed use of self as "I would often share a personal story and then try to launch into ways that people could be involved" in her state organization. The personal stories shared through the four monthly newsletters included: her experiences of the changing of seasons "the changing leaves, crisp morning air and ability to pull out my fleece jackets makes me incredibly happy" and how

she spent time “at the garden show here in [name redacted], and almost had to be physically removed from the amazing lilac bushes that were brought in for the displays- it was a great reminder that spring is right around the corner”, how much she missed her home state while visiting family in Georgia, reflections on a holiday season “I certainly enjoyed every moment of the holidays with my friends and family, but am grateful for this time of year to refocus, reflect and recharge for the upcoming year.” A portion of an email one of Drea’s former staff therapists sent her also depicted her use of self as the leader of her team:

Thank you for taking the time to learn about me and for knowing just the right things to do or say. I marvel at the way you came in, earned our trust, pulled out the best in each of us and somehow got us all flying in the same direction at full speed.

Use of occupation. Two of the participants’ leadership artifacts portrayed their intentional use of occupation within their practice of leadership. Chuck structured Virginia Stoffel’s visit with his staff in the form of tea in the garden to facilitate a comfortable conversation with a prominent leader in the field. Using the casual setup of the tea in the garden allowed Stoffel to “come in and just have more of a social interaction with people and to allow them an opportunity to be with her.” Drea supplied the second depiction of the use of occupation as she provided baked goods for her staff as she implemented routine team meetings. While she fully recognized that “they were coming to get food but they were also engaging. So yes, I straight up bribed them at first to try to earn their trust.” Drea recounted how this initial act continued after her team meetings were a routine part of the unit but led to the close-knit bond shared within the team.

Analysis of Interview #2

Similar to the analysis of interview one, the analysis process set forth by Cohen, Kahn, & Steeves (2000) was applied to the six interview transcriptions from the second round of

interviews in order to understand the shared leadership experiences of the participants. A visual representation of the resulting themes developed from the transcriptions is presented in Table 4.

Theme
How They Do Leadership
Leadership Interaction
Reflection on Leadership Action

Table 4: Interview #2 Themes

How They Do Leadership

Each participant in the second round of interviews was asked to share a difficult leadership situation along with the decisions and actions taken to resolve the situation. The ‘how they do leadership’ theme that stemmed from the analysis of the second round of interviews was aligned with the application of the leadership approach described in during interview #1. One participant recounted general situations affecting their entire team and the remaining five described more individualized issues. All of the responses to the specific situations demonstrated consistency with the participants’ previous descriptions of their own leadership approach.

The situation Eve detailed related to a request from her staff for her to provide across the board pay increases. This request led Eve to analyze the staffing levels and overall level of productivity within her unit; she discovered the team was providing billed services for 63% of their paid time. As a servant leader, Eve wanted to make the case for what her team was asking for but realized the management team wouldn’t approve anything without justification. She

informed her team that she would make the request, but they would need to show consistent improvement so she had data:

I talked to them about what a major frustration amongst the staff it was, but also the accountability piece of like you know “guys, I want to get you your pay, and I will fight the hard fight that I have to do to make that happen but I need you to do your part.” And if we’re only 63% productive during the day, you know I can’t do that for you. And it was one of those moments of laying out and discussing some of the things that a lot of staff don’t necessarily like to talk about just say “okay if this is what you want, this is what I need to see from you” this is a two-way relationship here.

Anita discussed her most challenging situations in her role as state association president involved working closely with practitioners who held the opposite leadership approach than her. Being a servant leader who attempts to openly communicate and be collaborative led to difficult conversations and work environments when paired with someone who was more authoritarian. She stated that there were times when the more direct approach is needed, but it immediately “puts my defenses up” and makes working collaboratively a challenge.

Throughout the initial interview, Becky depicted her leadership approach as the embodiment of the occupational therapy process and the use of group dynamics. While explaining her approach in the second interview, she implicitly paralleled the occupational therapy process in her discussion of leadership decision making when she stated “you create the opportunity and you create the environment and you provide the support to get it done; you allow people the opportunity to meet their potential.” Becky’s conversation also included elements of group dynamics; she believes that change at any level to be the most challenging aspect of leadership, and that the role of a leader is to gradually introduce change to alleviate anxiety as she felt that “drastic change creates more anxiety and sometimes panic unnecessarily.”

Becky employed a situational approach through the use of the ADKAR model of change management. This model addresses change by determining what is currently being done, how things will be done in the future, and identifying ways to shift from the present to the future

(Prosci, 2017). She described a significant billing issue on the part of one staff therapist that “ended up being hundreds of thousands of dollars.” The immediate response from her facility’s administration was to terminate the therapist; instead Becky’s approach was to assess a number of factors related to the situation to determine intent, whether the situation was isolated or a pattern, and if other people within the system were making the same error. Using the ADKAR model, she was able to determine that the issue was isolated and placed the therapist on an aggressive improvement plan after determining that the therapist was aware of the issue and desired to change. The long-term outcome was ultimately termination after being unable to sustain the expected level of performance, but the approach used helped Becky and her organization avoid a potential wrongful termination suit.

During both interviews, Drea portrayed her leadership approach as leading by example and basing decisions on facts. Basing decisions on facts was one method she utilized to determine when she knew enough about an issue to pursue it or when to let other issues go. Leading in this way was a means for her to model her expectations for her team and to get them to understand different perspectives surrounding various issues:

I really try to go back to the facts, which takes time, it takes energy, and it takes a lot of detective work to make sure that you’ve looked at all the things you can to develop those facts. But again, that’s what’s kind of helped me rise above some of the situations where I could have just let things go or the prevailing concern was ‘well we do it this way’ but I come back to thinking I’m the oddball out but the facts are supportive of my argument.

Drea was also a proponent of Servant Leadership and shared a difficult situation related to an electronic documentation system developed by her predecessor. The system was cumbersome to operate, time consuming to complete, and deemed unreadable by external stakeholders. Despite these issues, “we couldn’t convince our higher leadership to make any changes.” Her servant leadership approach led her to apply to develop a quality improvement project related to documentation, the outcome of which was “a 35% reduction in documentation

time, an increase in patient care time, and a satisfaction survey of internal and external stakeholders...that was an 80-90% increase.”

Chuck described his personal approach as being an information gatherer and cultivating relationships, the situations he portrayed reflected both of these styles. One of his staff therapists was dealing with significant issues in her personal life that ultimately had a negative effect on her attendance and performance at work. He discussed establishing early lines of communication with his superiors and with his human resource department to make sure that the staff member was healthy and safe and that client needs continued to be met.

There’s been a lot of performance and attendance [issues]...I think just emotionally...being cognizant both of that staff member’s emotional state and sort of emotional health and physical health, you know to be perfectly frank about that, while at the same time being cognizant of the impact at work and how it’s impacting others and how it could be potentially impacting patient care um, has been a challenge.

Chuck recounted an ongoing staff performance issue:

It was one of those situations where as you start to pull on the thread of the sweater you start unraveling more, and more, and more. So, it was somebody I had met with and sort of talked about some of the challenges that they were experiencing. And then as I was able to delve much more deeply into it I realized that it was a far greater situation than I was first aware of, or sort of led to believe.

The leadership situation shared by Juno had to do with the performance of a faculty member who “wasn’t working out” for a number of reasons. Other faculty members described her as being ‘toxic’ for their team, she was found to be teaching content no longer viewed as current or relevant to the field, and was not fulfilling the program development aspect of her workload. Juno described herself as a systems thinker; she employed this mindset in collecting data related to performance from students, faculty, and classroom observations. Students perceived the faculty member as being an easy grader and other faculty members described having to ‘undo’ her teachings in other courses. This program director ultimately could not tolerate the damage being done to “the culture and the climate of the rest of my program” and

had to terminate this person. Although a difficult decision, a stated regret was not terminating her sooner as an act of preservation for the program as a whole. The previous examples express approaches to specific leadership situations, the following sub-themes will provide insight into the ways participants described their leadership approaches and the outcome of the stated approach in particular situations.

Throughout the descriptions of how they do leadership, the participants in interview two alluded to six distinct areas of focus: building leadership capacity, meeting the needs of staff, acting from a ‘big picture’ mindset, awareness and use of resources, professional training, and personal leadership capacity. Along with her role in her state association, Anita was also an educator; she actively sought to build the leadership capacity of her students by encouraging them to think critically and to recognize that many of their efforts that did not have or carry a formal title were considered acts of leadership nonetheless. Drea’s team had the collective goal to present professionally; Drea developed the capacity of her team members by having them practice presentation skills within their regular staff meetings. Eve detailed various means she used that enabled and encouraged her team members to make decisions and gradually take on various leadership roles.

I trust them and I kind of throw it out there all times of day to say you have capacity to make decisions and if you’re in a situation where you need to make one and I’m not there to help you when you think you need help, just do it and we will go with it.

The participants not only focused on building the leadership capacity of their team members, they also sought out ways to meet their professional development needs. Eve held the goal that “every single member of my staff feels that they have at least one unique area that they contribute to our business.” She sets aside time to meet with each team member to identify interests and looks for “what directions are open” and professional doors she can help open. Chuck and Drea described ways they allow research time within their staff’s schedule; Chuck

sought to “carve out time for them to be able to engage” in an interdisciplinary research grant while Drea assigns more experienced clinical leads to mentor the less experienced staff to balance clinical and research time.

The third area of focus within how they do leadership related to holistic or ‘big picture’ thinking, this included looking beyond an immediate issue to recognize the potential for personal, organizational, or professional gains. Drea strove to “assess how an environment is impacting the group, our human resources” and use those assessment findings to ensure she meets “their needs, then they’re going to be confident and be able to move forward.” Becky held her followers’ need for security as a priority and incorporated Maslow’s hierarchy of needs into her decision making:

Maslow- that’s my visual a lot of times. You know, when I’m trying to decide what’s the problem or where’s the tension, I go back to, do they feel safe as staff members? If they feel safe, do they feel protected? Do they feel like their needs are being met? Because I can’t ask them to expand beyond that. You know, and go to that next level if I haven’t created that foundation. And that’s my job. My job is to create that foundation.

The fourth area of focus consisted of awareness and use of internal and external resources during leadership situations. The first step in the use of any resource is being aware that the resource is in place and knowing how to access it when needed. For Juno, this meant contacting and bringing in a consultant from her provost’s office during the early stages of a curriculum review process. She indicated that utilizing an external resource provided a fresh set of ideas about what was working and not working within the curriculum as a whole. Chuck found himself in active and ongoing communication with his human resource department as a staff member was dealing with a volatile personal situation; this was done to identify the best approach for him to take as well as how to make sure the staff member was healthy and safe.

The next area of focus reflected the explicit connections that were drawn between the participants’ training as occupational therapists and their practice of leadership. Similar to the

professional training subtheme from the analysis of interview #1, the subtheme of professional training from analysis of interview #2 equated to how a person's observations of others completing puzzles informed their personal process of puzzle completion. Anita discussed how, for her, leadership had the same intent as the clinical process used throughout practice settings:

It's a hundred percent what we do in the field, and it's a hundred percent of what we do as a clinician, I feel like I just had a clinical conversation with a client, like ok what's your goal, what do you want to accomplish in this role? Um, and how can we, how can I help to get you there? Um, so, you know, I think that that approach carries over to those smaller meetings as well as kind of on the bigger realm of serving in a more formal role as state president or, you know, vice president or secretary of an association.

Juno found similar connections and expressed that leaders need to maintain a big picture view of situations and how different aspects of a situation interact and affect each other:

I honestly believe that you cannot be a good OT, a good practitioner, if you're not a systems thinker. And that's how I feel about leadership. So, in terms of connecting the two, that's kind of where I see the connection. You've got to think of the whole program as a leader. You've got to think of the individual parts, but how they fit together. You've got to think future and where are we going?

Other participants drew on more practical aspects of occupational therapy training to inform their leadership practice. Becky directly stated that "OTs are distinctly prepared to be leaders"; a belief that she supported by connecting the therapeutic use of self and her reasoning process as portions of how she leads. In a similar fashion, Drea explicated two direct links; the first was her explicit use of activity analysis to break down situations in order to determine "why is this happening in this way, what drove it to be this way?" Drea's second connection was developing an occupational profile for each of her team members:

'Occupational profile' was not a word when I was OT school...it's a way for me to take a step back and taking a look at employees overall and say okay so what are their skills and what are their deficits and how is it contributing to their performance? So, if their performance is suffering at work, it's taking that step back and saying how is the whole person doing? What's going on at home that maybe their carrying to work and it's causing this performance difference? Instead of just saying you're not doing enough patients, your productivity isn't what it is. It's taking that step back and going there's

something here, you're not malicious, you're not doing things by mal-intent so there's something driving it.

The final area of focus within the theme of 'how they do leadership' involved the participants' intentional efforts at advancing their own leadership capacity. While most examples were intentional steps toward growth as a leader, Eve discussed her growth as a leader being temporally based; at the time of her first interview she had been in her position for less than three months, it was closer to five months when her second interview took place:

I've also grown in time and comfort in a specific location that I'm in. So, I've had time to get to know some of the people I work with to a higher level. I've been able to not only address my staff, they're the people that I really need to trust me. But I've also had time to plant deeper roots within the facility and some of other departments and then also with some of the members of the management team who have provided me some guidance in those areas more so as well. But I think that's more related to, you know, just longevity in the building.

In Juno's role as an educator, she has sought to identify "what really is our responsibility and what really are our expectations of our graduate students?" She has actively sought to increase her knowledge of how the current generation of students learn, what students' expectations are for educators, and trying to meld concepts from adult education into professional training. A number of the participants took part in leadership training programs; Anita, Eve, and Chuck had all completed the AOTA Leadership Development Program prior to the first round of interviews, Becky completed the program between interviews one and two. Between the first and second interview, Eve had the opportunity to take part in an employer sponsored leadership course "aimed at identifying strengths and how to capitalize on your strengths and how to recognize your approach." Eve indicated that the results of her leadership inventory were consistent with results from a different leadership inventory she had previously completed, but two of the strengths identified through the more recent inventory were obvious to her supervisor but were not as clear to Eve.

Leadership Interaction

The second theme that resulted from the analysis of the interview two transcripts, leadership interaction, pertained to means of collaboration that participants felt were needed in order to lead a team or organization. The two main forms of interaction that comprised this theme were communication and consistency and flexibility.

Communication related to the discrete styles, forms, and timeliness of communication the participants enacted with the members of their team. Becky believed that getting her team to engage and trust her leadership begins “from the very first day, I mean it starts with job expectations, it starts with professional expectations and making those expectations clear and then assessing them.” Eve sought to build trust and engagement through timely and transparent communication, which she found to minimize panic about pending change and to express her own genuine thoughts and feelings on professional situations. Drea provided a more direct expectation for communication that she has for her staff; she holds that all of her therapists graduated from an accredited educational program so they know ‘something’, if a staff member asks for direction they must also indicate what they know or what they have tried to that point:

That gives me a meaningful conversation in five minutes that I cannot have in half an hour if you tell me ‘I don’t know what to do’ because you didn’t get this far not knowing something- you know *something*, just tell me what you know and we’ll go from there. That helps the framing of what is expected of them and I think helps them understand their role. Their role is to go get the facts, to come back and tell me what they know, tell me where they found that information. Even tell me their solution.

The second main focus of leadership interaction was comprised of two terms, consistency and flexibility, that were discussed individually and in relation to each other throughout the second round of interviews. The term consistency referred to the utilization of a similar outlook or style in making leadership decisions. Being consistent was viewed as important for establishing the norm, in Becky’s terms “establishing the processes you need.” From an internal

standpoint, this referred to a leader holding true to his or her core values; Anita found demonstrating consistency to be tricky, “just because I’m not acting in a certain role or acting in a certain way doesn’t mean that I still am not holding true to those values.” When applied beyond the self, consistency involved the frequency and style with which expectations are communicated. Drea believed that her being consistent provided her team with a frame of reference about their performance expectations; the consistent and clear message regarding expectations decreased her team’s collective and individual anxiety about what standard they were being measured against. Juno equated her aim of consistency with the image of a pinball machine, “I don’t want to be that ball that goes all over the place” that continually ricochets about depending on the immediate context.

Flexibility was used to describe the ability and willingness to change an approach or style to meet the needs of a given audience. Given the constant state of flux in the healthcare world, the participants viewed an essential element of leadership to be adaptable. Possessing, and more importantly utilizing, the skill of flexibility allows a leader to “consider other ideas and listen and communicate and be willing to change” either the tone or approach for a given situation. Anita defined flexibility as being “nimble and able to negotiate a couple different roles or take on whatever the need may be of a group.” For Becky,

Flexibility means you’re going to have some voice. And I am willing to commit to this, there’s not just one way to do this. And that as an organization, I may feel like it needs to be done this way; but as a group, if there’s a legitimate reason to come up with a better solution then we’re going to be flexible and abandon the strategy that I initially thought we would take for a better strategy. I think flexibility allows you to, to change a situation. I think without flexibility you get a leader who has a strategy and who has an agenda and we’re following that.

The discussion of these two constructs became more interesting as participants in interview two discussed them in light of each other. Becky stated, “I don’t think consistency has to be the opposite of flexibility.” Chuck indicated that “consistency is, for me, not necessarily

about doing the same thing every time but that you maybe approach every situation with a consistent sort of mindset or, I guess, approach” but allowing for flexibility with how a leader is going to respond. This outlook was shared by Juno, who expressed that some of her faculty members feel the need to stick to department policy exactly as written, while she sees the policies as a set of guidelines that allow her and her team to “waver a bit from it, and be more flexible because a situation or context of something needs to, has to allow for that.” Juno viewed her department’s policies as providing a road map of sorts, but various occurrences and situations allowed for the faculty and students to occasionally take detours, “there’s nothing that says you can’t be consistent and flexible at the same time if it [the situation] warrants.” Eve held a similar mindset regarding the interplay between consistency and flexibility:

It’s funny because whenever I hire new staff I always tell them the two things that I need for someone to thrive in my environment are flexibility and autonomy. So it’s funny how those two words I fit into my day with the consistency of answering every single email. When a staff member stops me, no matter how busy I am, I pause and say “hey what is it that you need?” And I try to not show them how busy I am in our interaction. I try to make it about them talking to me for that moment whatever it may be. And so I feel like there it’s just consistently demonstrating (chuckles), um, the willingness to be available. But also if I’m at my desk and I’m doing something administrative- I’m in the middle of a report, or I’m in the middle of whatever and a staff member comes to my door and they say “Hey can you come look at this for a second?” My answer is every single time, “Absolutely. Give me just one second. Let’s go together.” Um, and I will pause what I’m doing and get up and go. Um, and so it’s weird because I think that demonstrates consistency that every single time that’s the outcome, but also the flexibility of whatever they’re doing is superseding what I’m doing at that moment. Um, yeah I’ve never heard those two words put together in that scenario but it’s funny because they’re both so essential I guess.

Reflection on Leadership Action

The reflection on leadership action theme from the analysis of the second round of interviews related to the positive effects of looking back upon leadership discussions, decisions, and actions. The process of reflecting on and talking about leadership was a means for participants to utilize already traveled portions of their leadership paths to help shape the ways

the ways with which they either understand leadership itself or how they may respond to future leadership situations. Anita found benefit from talking about leadership during the initial interview, during the second conversation she expressed that in-depth conversations focused on leadership brought the construct of leadership to the forefront of her brain, “it makes me think, well why aren’t we talking about leadership more? (laughs) Is that all it takes is having conversations about it?” Chuck reflected on his leadership position and the motivated staff in his department, “I feel like it’s easy to be a manager when everyone is conforming to the policies or established practices. But its these things that sort of fall outside of the norm” that required more self-knowledge about leadership and one’s own approach. Eve found that discussing leadership in the first interview made her more aware of her own approach, which allowed her to be very intentional in her leadership decisions and actions:

After the first interview, I thought a lot more about my approach than I necessarily had before. It just kind of spurs this intrinsic thought process of ‘well crap I’ve never really sat down and talked about it [leadership] this much.’ I’ve never been asked these questions to really understand my own process. I mean I know what I tend to do and I know some of the things that I believe in, but it’s interesting to have an actual conversation to put it into words. And so I think I’ve become more aware of myself and what those processes are and some of the things that I do that work and that I do that don’t work.

Engaging in a dialogue about leadership served as a means to align specific leadership terms with actions. Utilizing the metaphor of a journey, this process of reflection parallels giving someone directions; a person may be able to search for the fastest route, but would be able to provide a much more vivid set of directions if they had previously traveled to the destination.

Reflection centered on leadership terminology can also be thought of in terms of the ability to give directions. A leader with insight and knowledge of current leadership terminology would be able to give directions using specific street names rather than vaguely stating ‘turn left in three blocks’; essentially this form of reflection is a means of providing terms to describe

beliefs and actions. Becky stated that “I’m feeling a little outdated in my [leadership] concepts. However, this reinforced everything I strongly believe in. I think what I took away from that is being able to define it [leadership] better.” Chuck reflected on leadership and the ways it aligns with the Occupational Therapy Practice Framework; the process of reflection solidified his viewpoint that leadership is an occupation:

The more I reflect on it I still agree with that, I think we don’t have really good outcomes to know what, how, to measure leadership, or how to systematize it, or things like that. But, you know, when you look at the OT Practice Framework, and you look at ADL it’s pretty clear [where particular activities fall within the Framework’s terminology] when you look at some of those things. So long story short, I do think it’s an occupation. I think that it’s an interesting concept and I would love to see it sort of flushed out a bit more.

The preceding sections provided the results and analysis of interview #1, the shared leadership artifacts, and interview #2 separately. The final aspect of data analysis was to analyze the data in its entirety for elements that were found across all three stages of collected data.

Comprehensive Analysis

The three phases of data collection and analysis have separately elucidated distinct aspects of leadership for occupational therapists. The initial round of twelve interviews revealed common elements of occupational therapy leaders’ journey’s to leadership positions, described distinct elements that comprise the construct of leadership, and initiated conversation related to the participants’ personal approaches to leadership. The shared leadership artifacts provided tangible examples of the participants’ approach and clarified: the collective presence of a team-based mindset, the ways leaders utilize and interact with internal and external resources, and parallels between an occupational therapist’s professional training and leadership. The second round of interviews served as a subset analysis with six participants sharing and discussing in greater detail their personal approaches to leadership, elements that make up leadership, and a

reflective discussion on each of their leadership journeys. This comprehensive analysis will attempt to further clarify the common threads across all three phases of the data analysis.

Personal Approaches

The first, and most prominent, element that permeated all phases of this study related to the personal approaches to leadership employed by the participants. The initial round of interviews provided an opportunity for the twelve participants to discuss their approach from the perspective of ‘what they say they do’, this portion of the conversation was more general with less specific examples or situations included. During this interview, Anita, Eve, and Jennifer identified as servant leaders; Theresa as an authentic leader; Drea indicated she utilized the ADKAR model to help bring her team together; Chuck, Doyenne, and Ruth stated they gather all the facts they can; Kate and Eve seek to build community; Iris leads through flexibility; and Juno employed systems thinking to achieve her long-range goals.

The leadership artifacts shared by six of the participants afforded them the ability to send a representation of ‘what they have done’ as leaders. Their artifacts, their description of the artifacts, and follow up discussion clarified what they did in specific leadership situations but also the outcome of the situation. Chuck sent an image depicting his focus on relationships, this event and his approach were recognized by his team and others within the organization. Drea shared two meeting agendas and an email from a staff member, she described the contents of her meetings to be focused on bringing her team together; the email demonstrated the difficulty the staff member had in accepting a promotion as it forced her to move on from the close-knit team. Juno shared faculty retreat agendas from eight and ten years ago with line items addressing efficiencies; she shared the outcome of these to be in place today in terms of faculty time and publications. Eve shared three emails that represented different elements of her servant

leadership approach, the longest being related to her messaging to her team about being asked by the organization to let a long-standing team member go for budgetary reasons. Delivering this difficult message in the tone she did portrayed servant leadership by focusing on the needs of the rest of her team; her boss recognized this approach and thanked her for humanizing the tough situation.

The six participants in the second round of interviews shared a variety of situations where they consistently utilized the approach described both in the initial interviews and through their shared artifacts. Drea shared a billing situation where she utilized her information gathering approach to place a therapist on a performance improvement plan rather than fire her for her performance. Despite getting negative feedback from her superiors for not terminating quickly enough and from the rest of her staff for moving too quickly, Drea exemplified consistency from her initial description of determining a person's awareness, knowledge of improvement needs, and then formulating a response. Juno shared a situation regarding a faculty member's performance and her ongoing use of her long-range goals for the person and her position; repetitive negative feedback from the remainder of her faculty led Juno to fire the person in order to preserve the culture of her department. These examples demonstrate that the occupational therapy leaders who took part in this study were able to describe consistency among their leadership approaches, artifacts that embodied the approach, and examples of the approach in different contexts.

Professional Training

A second element shared among the three phases of data was the explicit parallels the participants drew between their professional training as occupational therapists and their practice of leadership. Within the initial interviews, the elements of occupational therapy training

discussed included: therapeutic use of self, developing an occupational profile, assessing the skills and needs of staff, utilizing theoretical frameworks to guide thinking, and employing activity analysis to leadership situations. The leadership artifacts contained references to leaders setting goals, reviewing progress towards goals, utilizing therapeutic use of self, and using of occupation within their practice of leadership. The participants in the second round of interviews addressed the ways leaders incorporate the occupational therapy process, a systems approach, and the therapeutic use of self.

Interpersonal Skills

Throughout the three phases of this study, the participants discussed an assortment of interpersonal skills relevant to leadership. Chief among these skills was the broad term ‘communication’; communication involved an open mindset that allowed for interaction to be two-way rather than simply from the leader to another person, establishing clear expectations for behavior and performance, and ensuring that tasks and feedback were delivered in a timely fashion. A second interpersonal skill was for leaders to be approachable both in their availability but also in how they carry themselves. A third interpersonal skill was possessing an external awareness, which consisted of the knowledge of available resources and supports as well as the skills, needs, and goals of team members.

Consistency and Flexibility

A fourth common thread among the stages of this study pertains to a leader’s need to be simultaneously consistent and flexible. Consistency was described as a means of bringing stability to situations through the use of a familiar approach; the use of a given approach across situations was thought to aid in establishing the norm, or what the rest of the team could expect

from a leader. Flexibility entailed demonstrating the ability to adapt in order to best meet the needs of a given audience.

Summary

The purpose of Chapter 4 was to present the findings that resulted from the analysis of the interview data and leadership artifacts. In this mixed methods embedded design study, the researcher used semi-structured interviews and artifacts that depicted the leadership style of formal occupational therapist leaders in order to develop themes that described their experiences and understandings of leadership. The data analysis led to three main themes for this study, 'Leadership Journey', 'Leadership Deconstructed', and 'Personal Approach to Leadership'. Within this chapter, detailed descriptions of each participant's journey to their current leadership position, directions to leadership, stops on the path to leadership, and methods of navigating toward leadership were provided. The next chapter will provide a thorough interpretation of the data, recommendations for future research, and limitations of this study.

Chapter Five: Discussion

Introduction to the Chapter

This mixed methods embedded design study addressed the primary question of ‘How do occupational therapists in formal leadership positions understand and experience leadership?’ Secondary research questions included: ‘How do occupational therapy leaders implicitly versus explicitly utilize their professional training as occupational therapists into their leadership?’ and ‘In what ways do leadership artifacts explain the leadership experiences of formal occupational therapy leaders?’ To answer these research questions, twelve occupational therapists who held formal leadership positions participated in semi-structured interviews that focused on their descriptions of and personal path to leadership. Six of those leaders shared leadership artifacts which depicted their leadership approach and also participated in a second round of interviews centered on the participants’ leadership approach and decision making.

The interview transcripts were analyzed using the process described by Cohen, Kahn, & Steeves (2000); the leadership artifacts were analyzed through the development and application of a coding frame (Schreier, 2012). The themes and the related subthemes that were developed will be discussed in relation to the EHP framework, with a focus on the transaction between the constructs of person, task, and context (Dunn, Brown, & McGuigan, 1994). Within the EHP framework (Dunn et al, 1994), as personal and contextual factors are enhanced the range of tasks available to the person expands. When considering the leadership of the participants from an EHP perspective, the responses and shared artifacts indicated that as self-awareness of leadership style (person) increased the participants’ ability to lead in a consistent manner (task) also increased. Similarly, as the leaders strove to establish and maintain relationships (task), the sense of cohesion within their team increased (context). Real life connections such as these point

to the transactive relationship between person, task, and context as they relate to leadership. In this final chapter, the results and interpretations of this dissertation study, implications for research, implications for practice, and limitations of the study will be discussed.

Discussion and Interpretation of Results

Three major themes were developed through the analysis of the phenomenological data in interview #1: leadership journey, leadership deconstructed, and personal approach to leadership. The initial theme of leadership journey entailed participants reflecting on ways in which mentoring has shaped their approach to leadership, their prior leadership experiences and contexts that led to their present roles as leaders, and when they identified as a leader. The second theme of leadership deconstructed included participants' views on the aims of leadership, accounts of requisite leadership skills and traits, connections between their professional training and practice of leadership, consistency and flexibility, and accounts of whether they viewed leadership as a role or an occupation. The third theme represented was personal approach to leadership, which included depictions of how each participant described their leadership style including application of the style to real life situations and the outcomes of their stated approach.

Similarly, the analysis of interview #2 resulted in three distinct themes: how they do leadership, leadership interaction, and reflection on leadership action. The first theme of how they do leadership involved the application of each participant's personal leadership approach. The second theme of leadership interaction concerned the forms of collaboration that participants felt were needed in order to lead a team or organization. The final theme of reflection on leadership action related to the positive effects of looking back upon leadership discussions, decisions, and actions.

Review of Results in Light of Participant Demographics

The twelve participants in this study mirrored some of the demographics for the profession of occupational therapy as a whole. One of the 12 participants was male (8.3%); a similar ratio as a recent workforce trend study (AOTA, 2010) that reported that 92% of practicing occupational therapists were female. The same workforce trend study indicated that 5.2% of occupational therapists were in academic roles (AOTA, 2010). Three of the participants in this study indicated they held academic positions (25%); however, two of those primarily spoke of their leadership positions within state organizations as their academic position did not include a formal leadership role.

The participants' entry-level educational degree did not seem to influence their stated leadership approach. Four of the participants entered the field with a bachelor's degree, one of these indicated a leadership approach from the literature and the other three self-identified their leadership approaches. Seven of the participants entered the field with master's degrees, three of whom indicated a leadership approach from the literature with the other four self-identified their approaches. The single participant who entered the field with a clinical doctorate self-identified his approach. Overall, 41.6% of the participants described their leadership approach using terms or approaches found within the leadership literature. Although a greater percentage of those entering the field with post-baccalaureate degrees aligned their leadership approach from the literature, a variety of leadership approaches were described by the participants.

Interestingly, the same varied descriptions were present for those participants who had taken part in either of AOTA's Leadership Development Programs. At the time of the first interview, four of the twelve participants had completed one of the programs and a fifth completed the program between interviews one and two. Of those five participants, only two

described their leadership approach using specific language from the leadership literature. Three of the six participants in interview #2 described Servant Leadership as their preferred approach to leadership situations, the remaining three participants utilized self-labelled approaches.

The remainder of this discussion will be presented in relation to the leadership approaches and the occupational perspective of leadership referenced throughout the literature review of this study.

Leadership Approaches

Shared stories and artifacts provided insight into the leadership approach utilized by each participant in this study. Aspects of each description aligned with three of the leadership approaches described in Chapter Two.

Trait approach. The earliest approach to leadership equated the innate traits of a person with qualities inherent to a leader. Northouse (1997) identified five traits common across previous trait approach studies including intelligence, self-confidence, determination, integrity, and sociability. The analysis of interview #1 data led to the theme of ‘Leadership Deconstructed’, which included the subtheme of leadership traits. Specific traits identified by the participants in this study were establishing relationships, communication, approachability, and awareness of others. The four traits identified had a focus that was external to the leader and related to developing and maintaining relationships and trust with others. This emphasis on interconnectivity blends with contemporary work on followership that emphasizes trust and mutual respect as being essential for organizations to thrive (Lapierre & Carsten, 2014). Followership has been termed a critical component of leadership performance; Lapierre & Carsten have defined followership as the set of behaviors “one engages in while interacting with leadership in an effort to meet organizational objectives” (2014, p. 15).

The traits of establishing relationships, communication, approachability, and awareness of others related to the person factors of leadership within the Ecology of Human Performance as these relationship-based skills denote the psychosocial and cognitive skills and traits required of a leader (Dunn et al, 1994). The trait of establishing relationships can be directly correlated with sociability trait identified in the leadership literature (Northouse, 1997). Similarly, the awareness of others trait identified in this study can be linked to the trait of integrity from the leadership literature (Northouse, 1997) as being aware of the skills and situations of others demonstrates integrity with the ethos of the profession of occupational therapy (Peloquin, 2005). The participants' description of these traits also correlates with the 'doing' of leadership, which Wilcock connoted as action or active engagement (1999). Wilcock (1999) has described doing as a biological requirement for human survival; the participants described these leadership traits and skills as imperative elements for a leader to survive and thrive in the current healthcare arena.

While these traits were thought to be essential for leaders, the participants shared additional aspects of leadership. Despite the participants indicating specific traits were required, simply possessing these traits did not make one a leader. The participants indicated that leadership skills could be learned through active processes throughout their careers, which was supported by the literature cited within Chapter 2 of this study (Ledlow & Coppola, 2014; Northouse, 1997).

Style approach. The second approach to leadership addressed the actions and decisions of leaders and allowed for leaders to develop through experience and learning. Examples of this approach included Blake & Mouton's (1985) Leadership Grid which represented five styles of leadership plotted concern for production against concern for people and McGregor's (1960)

Theory X and Theory Y which focused on a leader's views and assumptions regarding the behaviors and abilities of followers. The Leadership Grid, Theory X, and Theory Y all share an inherent limitation that did not allow for changes over time, a leader's attitudes and behaviors were thought to be fixed.

Contrary to the style approaches described in the literature, the participants in this study indicated a constant drive to improve as leaders, this drive stemmed both from internal motivation and from the input of other people. The analysis of data from interview #1 and interview #2 led to the theme of 'Leadership Journey', which included the participants' descriptions of previous leadership opportunities, mentorship, and growth as leaders from their professional past connected with the ways they became the leaders they are today. Like many participants, Juno identified specific situations that started her on the path to leadership by stating "I've had an accidental career. I think I've been in the, somewhat like you, the wrong place at the right time. But, you know, the right place at the right time" and people suddenly selected her for opportunities.

Although not all the participants actively sought early leadership opportunities, their skills and abilities were recognized by others who either urged them to take or mentored them into a role. Anita described a clinical mentor from the field of physical therapy who "helped me to develop interpersonal skills and just working as part of a team and she was really a mentor in terms of clinical work." Doyenne shared stories related to multiple mentors, one who helped her maintain boundaries between work and home life, a director of rehab who taught her what not to do as a leader, and her current administrator who "sees the big picture and I think we share a very common vision in long term care and passion." These types of mentoring experiences laid

the foundation for how the participants made leadership decisions and responded to leadership situations; in short, they served as road signs of sorts for their practice of leadership.

The style approach to leadership combined factors related to the person and the tasks involved in achieving goals (McLeod, 2011) in order to provide a broader view of the elements of leadership while allowing for leaders to grow into their role based upon experience and learning rather than be born into them. The style approach described by the participants alluded to becoming the leaders they wish to be; this mindset connects with Wilcock's temporal description of becoming (1999). The participants discussed two processes which served as navigational aids on their individual leadership journeys, cultivating self-awareness and reflecting on leadership decisions and actions.

Self-awareness. An important component in the evolution of the participants' leadership approaches was refining their sense of self-awareness as leaders. Self-awareness consists of four elements including, a) the ability to understand the past and to learn from it, b) the acceptance of individual feelings as well as the feelings of others, c) the ability to engage in reflection prior to action, and d) the capacity to make appropriate choices (Wales, 2002). Jennifer shared a sense of understanding regarding her leadership journey:

When you first start you're very true to being an occupational therapist and as I became a specialty certified hand therapist I probably got more away from OT and was very focused on my specialty as a hand therapist because it's truly my clinical passion. I still very much identify with that, but as I go deeper into leadership I'm going back more to my OT roots.

This anecdote elucidated how Jennifer's previous experiences and training influenced her decision making and actions at different points of her leadership journey. Jennifer also compared her clinical experiences with her professional training in order to shape how she utilizes concepts from occupational therapy in her current practice of leadership (Wales, 2002).

Reflection on leadership. The second process used to guide participants on their leadership journey was reflection on action (Schon, 1983). Anita asked her students to reflect on the early steps of their leadership path to conceptualize leadership as more than a formal position, she asked them to “think about what you did. Did you demonstrate leadership? Don’t think about the name of what you did or the role that you had...think about what you actually did and reflect on that experience a little bit more.” The process of sharing professional anecdotes embodied Schon’s (1983) description of reflection on action as the participants looked back upon previous actions and decisions in an effort to shape the future of their practice of leadership. Eve shared her thoughts related to an employer sponsored leadership conference where she was able to complete a leadership inventory:

That leadership conference definitely played a role too because my boss completed an interview about me where she highlighted some of my leadership style and what she thought some of my strengths were. I think that’s a really important thing as both a manager and a leader to get that feedback so that you understand how you’re perceived by others and especially when those ways kind of surprise you.

Leaders who were able to engage in reflection or other activities to enhance their self-awareness were able to utilize their new insights or knowledge to lead in a consistent manner across different situations.

An intriguing line of commentary from the participants was related to their reflection that at various points throughout the leadership journey, leadership itself becomes a form of hidden practice. Pierre (2001) utilized the term hidden practice to describe disconnects between the way occupational therapy is practiced and how it is documented. The leaders in this study noted that having explicit conversations about their leadership and why they do what do as leaders forced them to think about their actions and put them into words. Pierre’s discussion on occupational therapy documentation indicated that “if you keep it in your head- that’s wrong” (2001, p. 181). Anita expressed a similar concern when she asked “why aren’t we talking about leadership

more?” Eve shared a parallel sentiment by stating that “after the first interview, I thought a lot more about my approach than I necessarily had before. It just, you know, it kind of spurs this intrinsic” thought process. These two participants explicitly stated that talking through their leadership approach forced them to reflect on the past and led them to become more intentional with the ways they approach leadership situations, thus bringing their leadership more to the forefront of their consciousness.

Situational approach. The situational approach to leadership suggests that there is not one ‘best’ leadership style and that leaders must adapt their approach to match contextual requirements (Dunbar, 2015; Hersey et al, 1996; Ledlow & Coppola, 2014; Northouse, 1997). The ability for leaders to simultaneously align their leadership style to the level of skill and motivation of followers, the requirements of particular tasks that need to be completed, and distinct contextual factors represents the ‘doing’ of contemporary leadership (Wilcock, 1999) as well as the transaction that takes place among the person, task, and context elements of the EHP model (Dunn et al, 1994).

The participants’ leadership stories reflected connections to three situational approaches to leadership: servant leadership (Greenleaf, 1977), transformational leadership (Bass, 1985), and situational leadership (Blanchard, Hersey, & Johnson, 2000). Anita exemplified servant leadership through her style of communication and the way she, as state association president, stepped back from her personal feelings about a professional scope of practice issue to act as her constituent group felt. Eve stated that she attempted to follow servant leadership, but one of her first leadership actions in a new facility was having to fire a rehabilitation technician due to budget constraints. Although she felt it was impossible to be servant leader in that situation, the email artifact she shared exemplified this approach as she reached out to her team to identify

what their needs were in the time of transition in order to maintain a sense of cohesion within her team.

All the leaders who took part in the second round of interviews shared stories and artifacts that exemplified at least two of the constructs of transformative leadership (Bass, 1985; Bass & Avolio, 1994). Drea and her team developed a unique journal club that involved reflection on difficult cases and linking actions to current literature; this creative and innovative solution was an ongoing means of intellectually stimulating all the members of her team. Drea's overall approach was to build the sense of community within her team, her actions personify the idealized influence construct and was demonstrated by the email artifact that depicted a departing team member's sense of loss related to the respect and trust within the team. Eve's use of email communication to clarify the organization's building plans while soliciting her team's feedback on needs for rehab space portrayed inspirational motivation. Her additional email encouraging the efforts of her team members provided a sense of individualized consideration. Juno utilized idealized influence and intellectual stimulation simultaneously through her long-term approach to the development of additional academic programs; by not demanding the programs be developed when she identified the need, she earned the buy in and efforts of her faculty in a manner that not only included the ideas of the faculty members but positioned two of them to take on leadership roles within the programs. In a similar manner, Becky's approach to structuring team meetings depicted both idealized influence by allowing others to lead some meetings and inspirational motivation as portions of the meetings were structured to serve as practice for the professional presentations that were a part of the organizational mission. Chuck demonstrated inspirational motivation by having the AOTA president talk with his team about state and national organization membership, instead of him demanding this they heard the

benefits of membership from someone outside their organization. His approach to two delicate personnel matters involving performance issues exemplified a leader's use of individualized consideration. All of these approaches led to similar outcomes as reported by Snodgrass, et al (2008) and Snodgrass (2008), which included increased effort, effectiveness, and satisfaction.

The approaches used in these, and other, leadership situations can also be framed within the situational approach to leadership (Hersey et al, 1996). Eve described a situation where she met with a newly hired therapist who was a new graduate; this discussion found her directing him to the expectations of the therapy team, her leadership style, and the organizational structure of the company. The development of new academic programs involved a supporting approach as she was not directive in how the programs came to be but was highly supportive once her team took action. Similarly, Anita's messaging as president of her state association was highly supportive while being less directive about some organizational changes. While implementing the journal club, Drea took a coaching approach as she provided a high level of direction in structuring the requirements while being highly supportive of all therapists on her team. Chuck described intentionally shifting from a directive approach regarding organization membership to one of supporting through the staff tea party meeting with the AOTA president.

Being able to align the leadership practices of these six leaders with multiple leadership approaches from the literature serves to further explicate the difficulty in naming and framing the practice of leadership. Beyond these examples of situational leadership, the participants in this study self-identified ten distinct approaches to leadership. The approaches described by the participants ranged from those found in the leadership literature, such as servant leadership, to more self-styled descriptions, such as being an information gatherer. This was an interesting discovery as it alludes to a potential lack of awareness of leadership approaches or styles among

occupational therapy leaders. A related secondary notation was that even among those five participants who had completed the AOTA Emerging Leaders Program that addresses leadership theories and approaches, there was not explicit use of leadership approaches found in the literature; only two of those five participants identified as using an approach found within the leadership literature. The identification of multiple approaches to leadership supports the general mindset of situational leadership that there is not one best way to lead, but also that leadership is not discussed explicitly enough for leaders to clearly articulate a personal approach. This inability to label leadership approaches aligns leadership as an example of Reed's (2005) notion of an 'underground practice', or a construct that "rarely surfaces for careful analysis" (p. 609). Eve commented on the ability for leadership discussions to bring the construct to the forefront of her mind, "I know what I tend to do and I know some of the things that I believe in, but it's interesting to have an actual conversation to put it into words."

Leadership: An Occupational Perspective

The participants' stories and artifacts had discrete ties to person, task, and context aspects that comprised the occupational perspective of leadership presented in Chapter 2.

Person. The participants described the construct of leader as a noun, or as a particular person. The EHP model views a person as being inseparable from the immediate context (Dunn et al, 1994), which entails that a comprehensive view of a leader and his or her skills, abilities, and performance requires the inclusion of contextual factors. Including contextual factors into how leaders are viewed indicates that 'being' a leader is much more involved than simply holding a formal position or title. Creating a leadership identity seems to involve taking part in an active journey that is shaped by internal motivation, mentoring, and reflection.

Identity. Within the sub-theme ‘when a leader is a leader’ the participants expressed that they did not identify as leaders merely by holding leadership positions. As Doyenne stated “I had always thought that a leader was someone else.” In order for a majority of the participants to identify as a leader “it took other people validating me” for their efforts. This sense of identity alluded to a connection with other people through direct social interaction, mutual support, and affirmation from external sources- or what has been referred to as ‘belonging’ (Hitch et al, 2014a). Belonging correlates with the transactional nature of the EHP model (Dunn et al, 1994) in one of two ways; first, a leader may view the way her or she fulfills the role of leader to match an internal definition of leadership; this would exemplify an internal transaction between the leader and the leadership tasks that need to be completed. The second connection to EHP is when a leader receives external validation for his or her leadership efforts, a demonstration of the transaction between a person and the surrounding context.

A common refrain among the participants was experiencing some form of either internal or external validation of skill or ability before identifying as a leader. Doyenne wondered if there was “a tipping point for the other people in your study. I just wonder when people really felt like they became a leader.” For the leaders who took part in this study, there was not typically a singular event that led them to say ‘I’m a leader’, the progression to being a leader seemed to be more of a collection of time and experience. At the time of the first interview, Eve had been in her leadership position less than three months, with two added months of experience by the second interview she felt “I’ve also grown in time and comfort in a specific location that I’m in.” The gradual increase in skill, competency, and identity with time and experience aligns with the model of skill acquisition that delineates a progression from a person being competent

to being considered proficient, and finally reaching the point of expertise (Benner, 1984; Dreyfus & Dreyfus, 1980).

This author posits that one means of shortening the time between when a leader holds a position and demonstrates leadership may be to further explore and teach practitioners about an occupational perspective of leadership. The recipe for this holistic viewpoint would begin with Dunbar & Winston's (2015) combination of occupational therapy and leadership theories; additions could include reflection on leadership practice to gain self-awareness (Schon, 1983), identification of contextually distinct leadership occupations (AOTA, 2014), and the following occupational therapy practice skills described by the participants in the current study: activity analysis (Thomas, 2015), the occupational therapy process (AOTA, 2014), recognition and awareness of contextual factors (Dunn et al, 1994; Law et al, 1996), and the therapeutic relationship (McCorquodale & Kinsella, 2015).

Leading, and teaching how to lead, in this manner would allow occupational therapists in leadership positions to "bring their true selves to the table" (Lamb, 2016) and lead from a place of authenticity (George, 2003). Authentic occupational therapy leaders can establish what Ikiugu (2008) and Huot & Rudman (2010) term occupational identities that address the links between leadership occupations and identity. This established leadership identity would demonstrate integrity between leadership actions and professional beliefs. Theresa described a necessity for leaders to "identify as authentic, or being yourself" in leadership situations. Anita echoes this position by stating that leaders develop an innate sense of "how to navigate those roles in line with who you are and authentic to oneself as a leader." Leading from authenticity, or from this demonstrated place of integrity follows Wilcock's description of being, which is "being true to ourselves, to our nature, to our essence, and to what is distinctive about use to bring to others as

part of our relationship and what we do” (Wilcock, 1999, p. 250). The construct of being is largely spiritual and deals with the way people feel about what they do; while important to consider, being and the person aspects of leadership are mainly internal and do not lead to the completion of leadership tasks.

Task. The participants in this study described the many ways they implemented their personal leadership approaches, or their means of ‘doing’ leadership. Because ‘doing’ connotes action towards a purposeful pursuit, an understanding of the task elements of leadership begins with a description of the goal or aim of leadership. Although an early interview comment indicated that leadership “is hard to describe and define”, the in depth analysis of interview transcriptions and artifacts led to a clear understanding of how occupational therapy leaders described and understood leadership.

Descriptions and aims of leadership. The participants in this study described leadership as being a set of intentional actions to facilitate a group to meet a common goal. These descriptions of leadership parallel published definitions of leadership, which when paraphrased state leadership is an intentional process where one person influences and motivates a group in order to achieve individual and organizational aims (Burke & DePoy, 1991; Gilfoyle, 1987; Lapointe et al, 2013; Northouse, 2007; Snodgrass & Shachar, 2008; Stoffel, 2013). The participants in this study expressed a consensus that leadership, denotes action or ‘doing’; as Eve stated “if I had to kind of tap a word to leadership I would say movement.” The participants termed leader as more of a noun, and being related to a person or role. Iris further explicated these terms by stating that “people can be identified as a leader, but not necessarily be exemplifying qualities of leadership.”

Just as the participants expressed similar descriptions of leadership, they stated three overlapping aims for leadership- having a long-range vision, developing a sense of team, and leading by example. Two components of the participants' stated aims of leadership correlate with specific situational approaches to leadership. Leading by example can be linked with Kouzes & Posner's (2012) practice of leadership known as model the way. Working towards long-term goals is an example of the inspirational motivation construct found within transformational leadership (Bass, 1985; Northouse, 1997). One participant described the role of a leader to improve the quality of life for his or her followers; this provides a practical connection between the AOTA (2014) description of quality of life being one potential outcome of the occupational therapy process and quality of life as an outcome of occupation-based leadership that would address a follower's job satisfaction, hopes for a planned future, self-concept, and overall functioning within their worker role (AOTA, 2014).

Consistency and flexibility. A second form of 'doing' leadership entailed occupational therapy leaders being simultaneously consistent yet flexible across leadership situations. Striving for consistency not only provided staff with clear expectations but also helped to ensure that leaders remained authentic to their values and professional training. Anita discussed consistency as affording "a really nice connection to authenticity, which is really staying true to who you are and staying true to your own internal compass and your own internal values." The leaders who participated in this study also demonstrated consistency across the three phases of data collection; all six participants exhibited close connections between how they described their leadership approach, the artifacts that were shared, and the participants' descriptions of their approach in different leadership situations. Chuck connected consistency with flexibility as he stated "consistency is, for me, not necessarily about doing the same thing every time but that you

maybe approach every situation with a consistent sort of mindset.” The approach he espoused entails having a similar approach to situations that allows for a leader to be flexible in the moment, and in response to the needs of a team member or group. As Drea stated:

The person who just came in might need a little bit more of my time to get to a certain level of performance where the other person really just needs me to stay out of their way and like you’ve talked about, remove obstacles in terms of whatever is in front of you know, their goals versus a little bit more time and nurturing. So, I try to do what’s fair for everyone but what’s fair is different based on who they are and where they are in their career path.

Having a consistent approach with the ability to be flexible based on the needs of others aligns closely with the Situational Approach that depicts a leader’s behavior as being dependent upon the readiness and motivation of their staff member (Hersey et al, 1996). Leaders who recognize the contextual requirements and personal attributes of their followers enact the transactional relationship between person, task, and occupation that is characteristic of the EHP model of practice (Dunn et al, 1994).

A second element of the task aspect of an occupational perspective of leadership related to the temporal progression towards ‘becoming’ a leader. This progression included the participants connecting their professional training with their practice of leadership and setting personal leadership goals to continue to strive towards.

Professional training. The participants identified a multitude of connections between their training as occupational therapists and their practice of leadership. These included the explicit use of occupational therapy theories such as the MOHO (Kielhofner, 2007) or PEO (Law et al, 1996); as Iris stated:

I tend to pull from the person, environment and occupation. Even the MOHO frame of reference I kind of pull from. And so, how is this situation really influencing things now? You know, is this normally how this person would react in this situation, or what are those environmental factors, what are the intrinsic and extrinsic factors that are causing them to react this way?

Three leaders indicated they utilized activity analysis (Thomas, 2015) in their practice of leadership, Jennifer explicated that “one of the biggest things that is unique about OT training that prepares us for leadership is activity analysis.” Many participants described the use of the occupational therapy process (AOTA, 2014) as being embedded in leadership, “it’s [leadership] so parallel to the OT process in terms of we go in and get to know somebody, we talk to them about what their goals and interests are. An additional occupational therapy skill was the inclusion of contextual factors (Dunn et al, 1994; Law et al, 1996) in leadership decision making, “we’re able to look at how the organization is affecting and is being affected by the environment as well as how the organization is affecting our human resources and how the environment is setup.” The last occupational therapy skill described was the therapeutic relationship (McCorquodale & Kinsella, 2015); as Becky stated “if you look at therapeutic use of self you know in that relationship a leader uses therapeutic use of self to bring out the best in the team members.”

Leadership goals. The leaders who participated in this study also shared their personal leadership goals for the future. This projection of leadership into the future relates to Hitch, Pepin, & Stagnitti’s (2014b) explanation of becoming as an ongoing progression across a person’s life as leaders discussed how they became the leaders they are while also describing the leaders they want to be. The participants’ goals varied: Drea’s hopes to publish clinical research, Eve plans to earn her clinical doctorate degree, Iris plans to develop an occupational therapy based leadership book, and Theresa would like to become a program director of an entry-level education department. Doyenne’s goals extend beyond the profession of occupational therapy, she stated “why am I settling for OT? I felt like my OT skills could broaden and I could create more impact in long-term care if I went into a further role.” While her initial aim is to become

an administrator of a skilled nursing facility, “I see myself, someday, going into more impactful CMS kinds of roles.”

Context. Context is the third aspect of an occupational perspective of leadership. Situational leadership literature includes a focus not only on personal skills and intended outcomes of tasks, but the various contextual factors that affect performance such as deadlines, budgetary limitations, and the physical space an organization occupies (Dunbar, 2015; Hersey et al, 1996; Northouse, 1997). The participants did not share as many stories or artifacts that pertained explicitly to their personal leadership context. The intricate connection between person and context was referenced in the ‘identity’ discussion above.

An example of contextual factors that affected leadership decisions and actions related to multiple participants striving to maintain open lines of communication and establish clear expectations with their followers. Becky and Drea alluded to working to develop a sense of team and cohesion within their respective units; in this manner, both held improving the sociocultural context as goals for their practice of leadership. The participants also spoke of utilizing contextual supports to assist in leadership decision-making. Chuck referenced a series of ongoing conversations with the human resource department while working through a staff therapist’s performance issue where issues from her personal life had a profound effect on her presence and performance within Chuck’s organization. Juno shared anecdotes regarding collaboration with a different academic unit to being offering an advanced degree as well as the integration of a curricular expert over a two-year period in an effort to free up faculty time. Through each of these examples, the participants in this study strove to enrich the immediate context for their overall unit, and the people who comprised the unit.

Intellectual Contribution of this Study

As an initial foray in the study of leadership within occupational therapy, this study contributed a number of additions to the overall body of knowledge of the profession. The methods employed throughout this study align with contemporary conceptualizations of mixed methods research (Mayoh & Onwuegbuzie, 2015) that allow for the use of two distinct forms of qualitative approaches within a single study. This approach is novel within the occupational therapy literature and expands beyond the traditional understanding of mixed methods research, which has held that both a qualitative and quantitative strand to be present within a study to be considered mixed methods (Creswell & Plano-Clark, 2011). The combination of phenomenological methods through each set of interviews with the qualitative content analysis of the shared leadership artifacts allowed the participants to describe their leadership approaches and to provide tangible examples of the approaches.

By addressing the three research questions that guided this study, the results clarified the understandings and experiences of leadership by formal occupational therapy leaders. One prominent finding gleaned from the shared experiences was that the construct of leadership is more of a continual journey than a tangible destination. The participants in this study described support and encouragement from mentors, an internal sense of not being satisfied with their leadership skills, the gradual development of a leadership identity, and the ability to reflect on leadership situations and decisions. Four of the participants described specific timelines for when they felt like leaders, these ranged from 18 months up to 20 years.

A second finding the results of this study serve to clarify pertain to the multiple identified parallels between the practice of occupational therapy and the practice of leadership. Until recently, these constructs have been discussed as entirely separate entities; the work of Dunbar,

Winston and colleagues (2015) aligned leadership and occupational therapy theories. The participants in the current study described utilizing a number of skills acquired through their professional training within their practice of leadership, including: therapeutic relationship, developing occupational profiles for their followers, the use of systems theory as well as aspects of occupational therapy theories, and activity analysis.

Utilizing knowledge and skills from professional training within the practice of leadership served as a means of demonstrating authentic leadership (George, 2003), or the ability to act with integrity between the core values and professed beliefs of the profession of occupational therapy. The core concepts from occupational therapy that parallel the practice of leadership include a recognition of person, task, and contextual factors; that the practice of both leadership and occupational therapy blend art and science; a process for decision making undergirds both leadership and occupational therapy; and that both forms of practice are thought to be theory-driven. Authentic occupational therapy leaders can establish what Ikiugu (2008) and Huot & Rudman (2010) term occupational identities as leaders that explicitly link their practice of leadership with their practice of occupational therapy.

A third significant contribution stemming from the current study was the distinction between leadership being construed as a role or an occupation. Although there was not initially consensus on this conceptualization, when combined with terminology used to distinguish leader from leadership a clearer label became evident. In an early interview Anita described the construct of leader as a noun or a person while leadership was branded as a verb, or the characteristics or skills that enable a leader to take action. Expanding on the idea of leadership as verb, Doyenne stated that “it’s ‘how’, it’s ‘the act of’ if you will” while Eve expressed that “if nothing else, if I had to tap a word to leadership I would say movement”. After sharing Anita’s

noun versus verb description and the AOTA definition of a role being “sets of behaviors expected by society and shaped by culture and context” (2014, S8) with other participants, the construct of leader began to be more widely construed as a role with leadership being the active ways with which the role is carried out.

Ruth termed leader as a role “because it’s a position you hold. Occupation is what people do every day, the activities they engage in throughout the day is their occupation. So, leadership is the role, but you have occupations within that or encompassed in that”. Eve further distinguished the construct of leader as a role by stating that leadership is more than simply possessing traits; to her, leadership is better represented by “the actions those traits result in”. Theresa indicated that “people can be identified as a leader, but not necessarily exemplifying the qualities of leadership”; thus, a person can hold a formal leadership role without truly acting as a leader. The role of leader seems to be contextually dependent with distinct leadership occupations for an academic leader (grading, mentoring a student organization), a clinical leader (scheduling, leading a staff meeting), or an officer within a state or national organization (recruiting, organizing an annual conference). These discrete leadership occupations represent tasks that people want, need, or have to do in order to serve as the leader they strive to be (WFOT, 2012). For the formal leaders who participated in this study, leadership occupations would be construed as contracted occupations, or those that are performed in exchange for pay, certification, or other recognition (Harvey & Pentland, 2010).

A fourth contribution of the current study was the alignment of the participants’ descriptions of their practice of leadership with the concept of co-occupation. Co-occupation has been described as “the most highly interactive types of occupation, in which the occupational experiences of the individuals involved simply could not occur without the interactive responses

of the other person or persons with whom the occupations are being experienced” (Pierce, 2003). The conceptualization of leader as a role and leadership as the occupations comprising that role parallels the understanding of motherhood as a role that is fulfilled by carrying out motherhood occupations (Pierce 2003; 2009). Chuck portrayed this parallel as he stated “if you were to say ‘leader’, to me that is a role the same as mother, father or student. Student is the role and the related educational activities would be the occupations” that comprise the role.

Leaders who have open forms of communication, establish trust, and demonstrate concern with the needs of others make their practice of leadership less authoritarian and more interactive. This form of leadership practice would allow contextually specific leadership occupations such as taking part in faculty meetings, establishing therapy schedules, or planning for a facility renovation project to be considered leadership co-occupations (Pierce, 2009). The nature of leadership co-occupations intersects with the contemporary perspective of followership, which holds that followers are integral co-producers of leadership due to their level of influence and engagement with a leader (Lapierre & Carsten, 2014).

Implications for Future Research

The focus of this mixed methods embedded design study was to explore the ways in which occupational therapy leaders experience and understand leadership. Although the primary research question was answered through the completion of this study, additional questions surfaced that can be answered through ongoing inquiry. Nine areas have been identified for future research related to the construct of leadership within occupational therapy and related allied health fields. First, due to the scope of the current study, only the perspective of leaders who were occupational therapists were accounted for. The experiences and understandings of occupational therapy assistants in leadership positions could provide additional perspective about

leadership. The leadership of occupational therapy assistants, although not as pervasive within the field, also affects the ways occupational therapists and occupational therapy assistants practice.

A second area of research may be to examine the experiences and understanding of leadership by occupational therapists that hold informal leadership positions. This group may include mentors, fieldwork educators, experienced clinicians, or even novice clinicians who may lead patients and family members through the rehabilitation process. This project would utilize similar methods to the current study and thus may include interviews, focus groups, or analysis of leadership artifacts. Addressing the experiences of informal leaders could help inform occupational therapy education programs and accrediting bodies about the importance of including leadership within academic course content.

The third area for future research could be to assess the effect of leaders' level of self-awareness of leadership style on the job satisfaction of their followers. A study of this nature would serve as an attempt to measure the effectiveness of a leader's reflection (Schon, 1983). This study could utilize a pretest-posttest design. Initially the followers would be asked to complete a job satisfaction survey, the leaders would then complete a series of leadership inventories, the researcher would then provide personalized feedback on the results of each inventory, with the followers completing the same survey 3-6 months after the leader receives the feedback. This sort of study would help to determine if providing leaders with language to describe their leadership and resources to expand their knowledge of leadership has a direct effect on the sense of team and the overall relationship with their followers.

The fourth area for leadership research could be an occupational science based study on the identification of leadership occupations and the ways in which these are implemented in

distinct settings. As described in the results, leadership has been described as a role that is comprised of a multitude of leadership occupations. The foci of this study would be to identify distinct leadership occupations in academic, clinical, state or national organization, and mentorship roles and then to determine how these leadership occupations are carried out. This study would focus on both formal and informal leaders across settings. Including formal and informal leadership roles will allow for exploration of how the type of role may affect the perceptions of the related leadership occupations.

A fifth, and related, area of future research would be to explore the ways with which occupation-based leadership is implemented. Studying leadership in this manner through a qualitative lens might serve as an extension of the leadership stories shared by two participants in the current study who utilized a tea party with the president of the national organization and the provision of baked goods during team meetings. Identifying various means of incorporating the construct of occupation into the practice of leadership could not only aid occupational therapy leaders in providing authentic leadership, but may also enhance the understanding and description of an occupational perspective of leadership. Leaders who employ occupation in their leadership actions can set the tone for occupation-based practice within their settings while utilizing their training as occupational therapists in their practice of leadership.

Another potential leadership study would be to utilize additional qualitative methodologies to explore how leadership is implemented within the field of occupational therapy. This could include the use of photovoice where leaders capture images of their leadership in action or an ethnographic study where leaders and their style of leadership are observed within their personal context. Photovoice would provide an extension of the current study's use of leadership artifacts to depict leadership while ethnography would allow the

researcher to directly observe leadership in action as opposed to asking participants to describe what they do outside the context of their leadership position.

An additional leadership study would be to utilize a grounded theory methodology to study the occupational perspective of leadership in order to develop a leadership model. This model could inform the manner with which leadership is taught in academic programs and provide a structure or framework for the practice of leadership within the field of occupational therapy. A model based on an occupational perspective of leadership would parallel the Subject-Centered Integrated Learning model developed by Hooper and colleagues (Hooper, Greene, & Sample, 2014; Roberts, Hooper, Wood, & King, 2014) that has been utilized to study the ways occupation is taught in academic programs, through fieldwork experiences, and used in clinical practice. An occupation based leadership model could be applied to academic educators, formal clinical leaders, informal leaders such as mentors, and fieldwork educators. This model would initially be based upon the construct of occupation and may be a method of leading from an authentic perspective, an extension of this line of inquiry could be to apply similar concepts to other allied health professions to identify the core subjects of those fields and modify the leadership model to fit those concepts.

An eighth area of future research would entail exploring leadership within and outside the profession of occupational therapy. Given the dearth of leadership research within the body of occupational therapy literature, a scoping review of existing leadership literature within occupational, physical, and speech therapy publications could provide both a clear understanding of the ways in which leadership has been explored, but also point to specific gaps in the existing literature within allied health fields. Hooper and colleagues (2014a; 2014b) utilized a similar method to explore occupational therapy research related to education; their results identified

specific gaps in the educational literature, the use of similar a similar method may be used to delineate a line of inquiry related to the construct of leadership within occupational therapy and other allied health professions.

The final area for future research could be to utilize the model from the grounded theory study, the information gleaned from studies of formal and informal leaders, and the current leadership literature to develop a center for occupation-based leadership. This center may be comprised of multiple academic and clinical leaders with the potential to offer leaders within the field of occupational therapy the chance to meet with peer leaders to enhance their leadership awareness and skills. A study of this type would involve collecting data in a longitudinal fashion to identify the immediate and lasting effects this type of leadership experience has on the practice of leadership, the perception of leadership by followers, and the effect enhanced leadership knowledge and skills have on the practice of occupational therapy.

Implications for Practice

Leadership decisions and actions can affect the practice of occupational therapists, occupational therapy educators, and that of members and officers in state and national organizations. The current study has potential implications for both leaders and practitioners across practice settings, including self-awareness of leadership style, practicing authentic occupational therapy leadership, improved organizational health, and the connection between occupation-based leadership and occupation-based practice.

Practice of Leadership

Leaders within the field of occupational therapy may hold positions that are completely supervisory or administrative, a mix of clinical or education and administration time, or have full-time positions and hold volunteer leadership positions beyond the context of their

employment. Regardless of the nature of their position, the participants in this study described a set of leadership skills they felt were imperative for leaders to both possess and utilize in their practice of leadership. Interpersonal skills included building and maintaining relationships, being approachable, communicating in a timely and clear fashion, and recognizing the personal and professional contexts of each member of their team. More intrinsic leadership skills described were being aware of, and using, available resources, maintaining a balance between being consistent and being flexible, and building capacity in those around them. Leaders who are able to embody these skills and traits move beyond administrative aims of fiscal bottom lines and demonstrate a true sense of caring for the well-being of both the organization and the people that comprise the organization.

The second implication for the practice of leadership relates to the concept of authentic leadership. Authenticity refers to the matching of observable behaviors to beliefs, or what Lamb (2016) referred to as a person's true self. Authentic leaders are described as being true to themselves and to what they believe in their practice of leadership (George, 2003). The participants in this study alluded to this depiction of leadership in two indirect ways. In order to be true to themselves, leaders must develop a sense of self-awareness of their personal leadership style through reflection, discussion, and the use of leadership inventories. Becoming aware of one's leadership style allows a leader to weigh decisions and take action in a consistent fashion, which was one of the leadership traits most often referenced throughout the interviews.

Another element of authentic leadership relates to being true to what one believes. The professional training for occupational therapists is grounded in caring for others, but also includes: a sequential process to work through (AOTA, 2014); the skills to assess personal, task, and contextual factors that influence performance (Dunn et al, 1994; Law et al, 1996); a

grounding in theoretical frameworks that guide decision making (Cole & Tufano, 2007); and the belief that participation in occupation leads to improved quality of life (Wilcock, 1999). The leaders interviewed for this study described a portion of their leadership style as being information gatherers before taking action; this process can be equated with the assessment and occupational profile stages of the occupational therapy process (AOTA, 2014). Throughout the description of challenging leadership situations, six participants delineated a blending of activity analysis (Thomas, 2015) with a holistic mindset that allowed them to weigh personal, task, and contextual factors (Dunn et al, 1994). Occupational therapy has a plethora of theoretical frameworks that can be applied to the entire therapy process or to individual therapy encounters (Cole & Tufano, 2007); this knowledge base parallels the multitude of leadership theories that leaders can employ to provide structure to their practice of leadership.

Clinical Practice

Leadership and the way it is practiced also affect the ways in which clinicians practice occupational therapy. This leadership effect on practice was discussed by the participants in both direct and indirect ways. The direct connection related to the wording and actions leaders chose as related to the practice of occupational therapy. Leaders overtly referred to the use of occupation in practice through team meetings, terminology embedded within emails, and within meeting and retreat agendas. One leader described how she implemented a journal club where clinicians reflected on practice decisions and linked their actions, and potential alternative actions, to current literature focused on occupation. Two other leaders explicitly utilized the occupations of a staff tea party and bringing homemade baked goods to team meetings as a means of modeling practice from an occupational perspective. The leaders felt that these

examples of occupation-based actions from leaders begat occupation-based practice from their followers.

The participants alluded to indirect connections between leadership and clinical practice as well. A frequent point of discussion was related to the outcomes of the leaders' team-centric approach. A number of participants explained that they were able to foster a greater sense of 'team' by demonstrating caring and maintaining open lines of communication with their followers. One leadership artifact was an email from a departing team member who referred to the therapy team as "my tribe" and went on to state that the most difficult part of accepting a promotion was facing the reality she had to leave the team. This demonstrates that leadership can foster close ties and promote an environment where team members are willing to follow the leader's ideas and actions. A second indirect effect of leadership on practice is on the scope of what followers practice. Building capacity in followers was a subtheme discussed in the Results section. This took the form of succession planning, providing opportunities for followers to act as leaders, and mentoring. Thus, leadership can result in practitioners taking on formal and informal leadership positions; this process of building capacity through the actions of a leader strengthens organizations as well as the people who function as a part of the organization (Stoffel, 2013).

Limitations and Delimitations

Phenomenological research explores the ways with which people interpret and make meaning of their everyday experiences (Cohen, 2000). Researchers utilize phenomenological methods to gain insight and understanding about events and constructs that are either poorly understood or have not been empirically studied. One limitation with the current study was that the results could not be generalized to encompass all leaders. Despite this being a limitation with

phenomenological inquiry in general, generalizability was not an aim of the current study. The sample for the current study was selected to gain an understanding of the experiences and approaches utilized by occupational therapy leaders, the two stages of interviews and leadership artifacts allowed the point of saturation to be reached with the twelve participants.

A second limitation of this study was related to time constraints through the data collection and initial stages of the analysis process. The initial round of interviews was scheduled throughout a six-week time period with all interviews being arranged for days and times convenient for the participants. There were two weeks that included three interviews; one of these was the first week of scheduled interviews. Based on the participants' availability, there was not sufficient time to transcribe the initial interview and develop the initial codebook before the second and third interviews were scheduled. The initial codebook and revisions after the first inquiry audit were complete after the third interview, but follow up prompts for those two interviews were based more on the researcher's field notes from the first interview than on initial coding.

A third limitation of this study was related to technological issues during six of the eighteen interviews. One participant's home internet network failed partway through the initial interview, another was interviewed at her place of employment and the organization's firewall blocked synchronous online discussions, another did not have a webcam available, and a fourth had issues with Go To Meeting freezing her computer. All of these interviews were conducted by phone. This prevented face-to-face conversation and the prevented me from noting body language throughout the interview and also to a lack of uniformity across all interviews. The instances with the home network and computer freezing made the conversations led to the conversations being choppy as the researcher and participants had to restart conversations and

have portions of responses be restated, which may have resulted in slightly different responses and in one case prevented the researcher from fully addressing two questions due to having to stop the interview based on constraints of the participant's schedule.

One delimitation of this dissertation was the intentional choice to exclude informal leaders from the study. While this would have expanded the scope of the study and potentially brought additional perspectives of leadership, attempting to identify and recruit informal leaders would have stretched the timeline of the study and inhibited the researcher's ability to complete the study in a timely fashion. As outlined in the implications for future research section, informal leaders will be included in future studies of leadership within the field of occupational therapy.

A second delimitation of the current study was the decision to collect and analyze two distinct forms of qualitative research. The analysis of interview transcription aligned with the phenomenological tradition while the leadership artifact analysis was affiliated with qualitative content analysis. Although the types of data and the results from each form of analysis led to a greater degree of triangulation and understanding of the construct of leadership, the use of two forms of qualitative methods represents a new approach. Traditional descriptions of mixed methods research point to the use of one qualitative strand and one quantitative strand (Burke-Johnson, Onwuegbuzie, & Turner, 2007; Creswell & Plano-Clark, 2011). More recent literature has begun to describe ways researchers can coherently combine two forms of qualitative methods into a single study design (Mayoh & Onwuegbuzie, 2015). Due to the mixing of two qualitative methods being somewhat novel, the delimitation for this study stemmed from identifying the most appropriate way of naming and framing the overall mixed methods design. Questions the researcher struggled with included 'Was this a phenomenological study that

utilized QCA to triangulate the results?’ and ‘Was this a mixed methods study that employed two distinct forms of qualitative methods?’

Summary

This mixed methods embedded design study explored the ways occupational therapy leaders understand and experience the construct of leadership. Interviews and shared leadership artifacts provided an opportunity to conduct an in-depth exploration of the congruence between how occupational therapists describe their leadership and how they act in leadership situations. Twelve participants were willing to share their insights about their personal leadership journeys, descriptions of leadership, and personal approaches to leadership.

The analysis of data from interview #1, leadership artifacts, and interview #2 allowed the researcher to answer the research questions regarding how occupational therapy leaders understand and experience leadership, ways their professional training as occupational therapists informed their practice of leadership, and how leadership artifacts explained and supported leadership experiences of the participants. This study confirmed the researcher’s suppositions regarding the variety of connections between the practice of occupational therapy and the practice of leadership, that leadership is a role with discrete leadership occupations, and that leadership is a form of hidden practice. The data uncovered a number of unexpected aspects of leadership as well, including that leadership was not a content area addressed within the occupational therapy curricula of the participants, that the participants in the American Occupational Therapy Association’s Leadership Development Programs all described leadership in distinct manners, and the level of complexity encountered while combining thematic analysis and qualitative content analysis.

The participants' descriptions of their occupational therapy training and leadership portrayed leadership as a role that a person holds; each leadership role was comprised of a set of contextually dependent leadership occupations. Each participant carried out these leadership occupations in a unique manner, the leadership approach employed symbolized the 'doing' of leadership. The journey to leadership included lessons imparted by mentors, internalized by the participants' motivation to improve, and solidified through the process of reflection; these experiences and opportunities characterized the ways of 'becoming' the leaders they are today. One experience shared by all participants was being trained, and practicing, as an occupational therapist. Each participant expressed some form of connection between their training or practice and their practice of leadership; these intersections allowed the participants to lead from an occupational-perspective, or to 'be' an occupational leader.

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Appendix A

Adult/General Informed Consent

Consent Form for Participation in the Research Study Entitled 'Leadership Within Occupational Therapy: A Phenomenological Study'

Funding Source: None.

IRB protocol #:

Principal investigator(s)
Scott Truskowski MS, OTRL
5275 Applewood Dr SW
Wyoming MI, 49418
(616) xxx-xxxx

Co-investigator(s)
Dr. Kristin Winston PhD, OTRL

For questions/concerns about your research rights, contact:

Institutional Review Board
Nova Southeastern University
Office of Grants and Contracts
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

Institutional Review Board
Grand Valley State University
049 J.H.Zumberge
(616) 331-3197
hrrc@gvsu.edu

Site Information (if applicable)
Address

What is the study about?

Scott Truskowski is a doctoral student at Nova Southeastern University engaged in research for the purpose of satisfying a requirement for a Doctor of Philosophy degree. The primary purpose of this study is to identify the ways in which occupational therapy leaders experience leadership. A secondary purpose will be to explore the ways in which these same leaders utilize the construct of occupation as a leadership modality.

Why are you asking me?

Participants in this study are being asked to participate based upon their professional experiences, which will allow them to speak to the topic of leadership within the field of occupational therapy. This study will include 12-18 total participants.

How will participants be selected?

In order to be selected for this study, potential participants must: hold a formal leadership position in academia or a clinical setting, have at least three years of clinical experience as an occupational therapist, be licensed and currently practicing within their home state, have at least three years of experience as a formal leader, have at least a conversational level of English, and have access to an internet connection. Potential participants will not be selected to participate if they: have less than three years of experience either as a practicing occupational therapist or as

an occupational therapy leader, are not able to hold a conversation in English, if they hold a dual role of occupational therapy clinician and educator, or are unable to reliably access the internet.

What will I be doing if I agree to be in the study?

Participants in this study will potentially take part in two interviews with the principal investigator. All participants will take part in the first interview which will require approximately 30-60 minutes and will involve the participant to share: personal description of leadership, the career path that led to a leadership position, any formal training or education related to leadership, and the personal approach used in leadership situations. Participants may be selected to engage in a second interview four to six weeks after completion of the first interview. The second interview will focus on a more explicit description of leadership decisions and actions with examples from their current leadership position; this interview is expected to require 45-90 minutes to complete. Participants in this interview will be contacted and asked to provide supporting documents (meeting agendas, de-identified email threads, or potentially photographs) that depict their leadership approach in action. If participants elect to include photographs, a photo release form will be provided for any colleagues who may be in the photo- each participant will be instructed to avoid including any occupational therapy students or clients in these photos.

Is there any audio or video recording?

This research project will include audio recording of the entirety of each interview between the principal investigator and each participant. This audio recording will be available to be heard by the researcher, the dissertation chair or committee, and the IRB. The recordings will be transcribed by the principal investigator and a hired transcriptionist. Audio files of the recording will be stored securely on a password protected network drive hosted by the employer of the principal investigator and on an encrypted flash drive. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the tape as described in this paragraph.

What are the dangers to me?

This study is expected to hold minimal risk for participants. The primary concern will be confidentiality through the data collection, storage, and analysis stages of the study. All selected participants will be licensed, practicing occupational therapists; all structured questions will relate to descriptions of their leadership experiences with no scripted or follow up questions related to personal information. If you have any questions about the research, your research rights, or have a research-related injury, please contact Scott Truskowski or Dr. Kristin Winston. You may also contact the IRB at the numbers indicated above with questions as to your research rights.

Are there any benefits for taking part in this research study?

Subjects should be informed about direct or indirect foreseeable benefits to them or others or the absence of benefits. Please do not include the benefits of research knowledge to the scientific literature. Elements related to payment (remuneration) are not considered “benefits” to a subject and should be discussed within the Costs/Payments section. If there are no direct benefits, indicate, “There are no direct benefits.”

Will I get paid for being in the study? Will it cost me anything?

While there are no costs to you or payments made for participating in this study, a potential benefit may be that participants become more aware of their leadership approach. The only anticipated cost will be your time; participation in the initial interview will require 45-60 minutes. Those participants selected to take part in interview two will be asked to be available for another 45-60 minute time period.

Privacy and Confidentiality

Your name will not be given to anyone other than the research team. All the information collected from you or about you will be kept confidential to the fullest extent allowed by law. In very rare circumstances specially authorized university or government officials may be given access to our research records for purposes of protecting your rights and welfare.

How will you keep my information private?

Participants will be referred to by a pseudonym throughout each transcript to provide an additional means of making the files anonymous. Transcript files will be given an alphanumeric designation so that the only document containing the participants' actual names will be the Informed Consent Form. For example, the transcript given the designation A2 will refer to the second interview with participant A. All electronic files, including consent forms, audio recordings of interviews, and the transcriptions of each interview, will be stored on the researcher's password protected computer as well as on Grand Valley State University's password protected network drive. The audio recording files will be stored on the network drive for 36 months and deleted after that time by deleting the file from the network. Any hard copy printouts of the transcriptions will be stored in a locked filing cabinet in the researcher's office for at least 36 months following the conclusion of this study. As this is the initial step in a proposed line of inquiry, electronic and hard copies of the transcripts will be stored behind a double lock for up to ten years after completion of the current study; the double lock system will include a locked file cabinet and a locked office door. All transcript data will be shredded using a confidential shredding service within 24 months of the line of inquiry no longer being studied. All data and files related to this study will be destroyed three years after the completion of this study. All information obtained in this study is strictly confidential unless disclosure is required by law; parties who may be required to access the data include members of the dissertation committee and the IRB for either NSU or GVSU.

What if I do not want to participate or I want to leave the study?

You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study but you may request that it not be used.

Research Study Results:

If you wish to learn about the result of this research study you may request that information by contacting either Scott Truskowski or Dr. Kristin Winston.

Other Considerations:

If significant new information relating to the study becomes available, which may relate to your willingness to continue to participate, this information will be provided to you by the investigators.

Voluntary Consent by Participant:

By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled “Leadership in Occupational Therapy: A Mixed Methods Study”

Participant's Signature: _____ Date: _____

Participant's Name: _____ Date: _____

Signature of Person Obtaining Consent: _____

Date: _____

Appendix B
Information Letter

Dear colleagues:

I am an occupational therapist and Ph.D. student conducting a research project entitled: The Lived Experience of Occupational Therapy Leaders. I am in the process of recruiting individuals who currently hold formal leadership positions in academia and in clinical practice. I am seeking participants who are currently licensed to practice in their home state, are fluent in English, have at least three years of clinical experience as an occupational therapist, have at least three years of experience as a formal leader, and have access to an internet connection.

If you are interested in learning more about this study, please contact me at (616) XXX-XXXX or by email at truskows@gvsu.edu.

If you have any previous graduates or current fieldwork educators who hold formal leadership positions, please forward this letter and my contact information to them.

Thank you.

Scott Truskowski MS, OTRL

Appendix C**Demographics Sheet****Leadership in Occupational Therapy
Demographics Form**

1. What is your age? _____
2. What is your gender? _____
3. How many years have you been licensed as an occupational therapist? _____
4. Where did you obtain your entry-level occupational therapy education? _____
5. What is your primary practice setting? _____
6. What is the title of your formal leadership position? _____
7. How many years have you been in:
 - a. This formal leadership position? _____
 - b. All formal leadership positions you have held? _____

Appendix D

Interview #1 Interview Guide

Grand Tour Questions:

- Tell me about your path to your current leadership position.
 - Education
 - Training on leadership
 - What was the focus?
 - What could be added to make these more applicable to your current role?
 - Work history
 - Previous leadership positions (OT and outside the field)
- How would you describe what it means to be a leader?
 - What does the term 'leadership' mean to you?
 - How do you distinguish between a 'leader' and 'leadership'?
- Can you describe your current role as a leader?
- Discuss any connection you have experienced between your professional training and any of the leadership positions you have held.
- Describe your personal approach to leadership and leadership situations.
- How do you view yourself as a leader?
- How do you want your leadership to be perceived by others?

Additional Questions to be Addressed either After Participants Bring the Topics Up, or At the Conclusion of the Interview:

- How do you describe 'occupation' for your clients (or students)?
- How do you describe 'occupational therapy' for your clients (or students)?
- A book was published last year titled 'An occupational perspective of leadership'
 - Connected OT theory with a variety of leadership approaches
 - What else could be included to establish an occupational perspective of leadership?

Appendix E

Interview #2 Interview Guide

Grand Tour Questions:

- Could you describe a challenging or difficult leadership situation that you have worked through?
 - What was your:
 - Approach?
 - Sequence of decisions or actions?
 - Outcomes of the situation?
 - Do you find that you utilize a similar approach in other situations?
 - If not, what is different?
- One of the leadership artifacts that you shared with me was _____, how do you see this artifact representing ‘what you do’ as a leader? The culture of your place of work?
 - Connections to:
 - OT Process?
 - OT Theory?
 - Clinical Reasoning?
 - How do see this representing the use of occupation in leadership?
 - My interpretation of this artifact was _____.
- With consideration of all leadership artifacts that you have shared, can you describe the connections between your views on leadership and what you do as a leader?
- In what ways has your views or beliefs about leadership changed since we first spoke?
- In what ways has your approach to leadership situations changed since we first spoke?